

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000720

1. Entity Name

PRICE PFISTER, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90067 031 ***150.00

Principal Place of Business

Mailing Address

MAIL STOP NO ~~TW285~~
701 EAST JOPPA ROAD
TOWSON MD 21286

MAIL STOP NO ~~TW285~~
701 EAST JOPPA ROAD
TOWSON MD 21286-5559



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

701 E Joppa Rd
Suite, Apt. #, etc.
TW 266

701 E Joppa Rd
Suite, Apt. #, etc.
TW 266

City & State
Towson, MD

City & State
Towson, MD

4. FEI Number 95-3844796

Applied For
Not Applicable

Zip 21286 Country US

Zip 21286 Country US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Barbara B. Lucas*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME COOPER, RONALD B
STREET ADDRESS 13500 PAXTON STREET
CITY-ST-ZIP PACOIMA CA ☒ Delete

TITLE P
NAME Les Ireland
STREET ADDRESS 13500 Paxton St.
CITY-ST-ZIP Pacoima, CA 91331 ☐ Change ☒ Addition

TITLE V
NAME BIAGIONI, LINDA H
STREET ADDRESS 701 E. JOPPA RD
CITY-ST-ZIP TOWSON MD ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 21286 ☒ Change ☐ Addition

TITLE VASD
NAME FENTON, CHARLES E
STREET ADDRESS 701 E. JOPPA RD
CITY-ST-ZIP TOWSON MD ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 21286 ☒ Change ☐ Addition

TITLE VS
NAME LUCAS, BARBARA B
STREET ADDRESS 701 E. JOPPA RD
CITY-ST-ZIP TOWSON MD ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 21286 ☒ Change ☐ Addition

TITLE VD
NAME SCHOEWE, THOMAS M
STREET ADDRESS 701 E. JOPPA RD
CITY-ST-ZIP TOWSON MD ☒ Delete

TITLE VD
NAME Michael D. Mangan
STREET ADDRESS 701 E. Joppa Rd.
CITY-ST-ZIP Towson, MD 21286 ☐ Change ☒ Addition

TITLE T
NAME ROTHLEITNER, MARK M
STREET ADDRESS 701 E. JOPPA RD
CITY-ST-ZIP TOWSON MD ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 21286 ☒ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara B. Lucas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Barbara B. Lucas

4/6/00

Date

410-716-2890

Daytime Phone #

CR2E034 (9/99)