

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90033 018 \*\*\*150.00

DOCUMENT # F99000001291

1. Entity Name  
KELLEY-CLARKE, INC.

Principal Place of Business

1470 S VALLEY VISTA DRIVE  
STE 200  
DIAMOND BAR CA 91765  
US

Mailing Address

PO BOX 5558  
DIAMOND BAR CA 91765  
US

2. Principal Place of Business

6630 Southpoint Pkwy  
Suite, Apt. #, etc.

3. Mailing Address

6630 Southpoint Pkwy  
Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number 93-0810174

Applied For

Not Applicable

Zip

32216

Country

USA

Zip

32216

Country

USA

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

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, 2001 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 D ☐ Delete  
NAME MCCLUNG, ROGER  
STREET ADDRESS 6850 BELFORT OAKS PLACE  
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE VPDS ☒ Change ☐ Addition  
NAME McCung, Roger L.  
STREET ADDRESS 6630 Southpoint Pkwy  
CITY-ST-ZIP Jacksonville, FL 32216

TITLE T ☒ Delete  
NAME BUSSE, DONALD  
STREET ADDRESS 1470 S VALLEY VISTA DR STE 200  
CITY-ST-ZIP DIAMOND BAR CA 91765

TITLE T ☐ Change ☐ Addition  
NAME Ramsey, Sandra  
STREET ADDRESS 6630 Southpoint Pkwy  
CITY-ST-ZIP Jacksonville, FL 32216

TITLE P ☒ Delete  
NAME FRANKOWSKI, CHARLES-J  
STREET ADDRESS PO BOX 5558  
CITY-ST-ZIP DIAMOND BAR CA

TITLE CFO ☐ Change ☒ Addition  
NAME Brinkley, John W.  
STREET ADDRESS 6630 Southpoint Pkwy  
CITY-ST-ZIP Jacksonville, FL 32216

TITLE S ☒ Delete  
NAME SMITH, KAREN  
STREET ADDRESS 1470 S VALLEY VISTA DRIVE STE 200  
CITY-ST-ZIP DIAMOND BAR CA 91765

TITLE VP ☐ Change ☒ Addition  
NAME Dayon, Alisa L.  
STREET ADDRESS 6630 Southpoint Pkwy  
CITY-ST-ZIP Jacksonville, FL 32216

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CEO ☐ Change ☒ Addition  
NAME Chertrand, Gary R.  
STREET ADDRESS 6630 Southpoint Pkwy  
CITY-ST-ZIP Jacksonville, FL 32216

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01 904-281-9800

Date

Daytime Phone #

CR2E034 (10/00)