

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90409 007 \*\*\*150.00

**DOCUMENT # F99000002606**

1. Entity Name

THE HILLMAN GROUP, INC.



Principal Place of Business

10590 HAMILTON AVE.  
CINCINNATI OH 45231

Mailing Address

10590 HAMILTON AVE.  
CINCINNATI OH 45231

2. Principal Place of Business

3. Mailing Address

ATTN: TAX DEPARTMENT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10590 HAMILTON AVE.

City & State

City & State

CINCINNATI OH

Zip

Country

Zip

45231

Country

4. FEI Number

31-1623179

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
HILLMAN, MAX W  
10590 HAMILTON AVE.  
CINCINNATI OH 45231 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
HILLMAN, RICHARD P  
10590 HAMILTON AVE.  
CINCINNATI OH 45231 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPST  
WATERS, JAMES P  
10590 HAMILTON AVE.  
CINCINNATI OH 45231 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP/5  
JAMES P. WATERS  
10590 HAMILTON AVE.  
CINCINNATI OH 45231 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
CORVINO, JOSEPH M  
ONE LOGAN SQUARE, STE 3000  
PHILADELPHIA PA 19103 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
GARY L. SZEDS  
10590 HAMILTON AVE.  
CINCINNATI OH 45231 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ANDRIEN, MAURICE P  
ONE LOGAN SQAURE, STE 3000  
PHILADELPHIA PA 19103 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MAURICE P. ANDRIEN JR.  
36 HARRISON DRIVE  
NEWTOWN SQUARE PA 19073 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RUSSELL, DANIEL L  
1919 PENNSYLVANIA AVE NW  
WASHINGTON DC 20006 ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SIGNATURE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES P. WATERS 4/4/03 (513) 851-4900

Date

Daytime Phone #

CR2E034 (10/02)