

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90125 035 \*\*\*150.00

**DOCUMENT # F99000003782**



1. Entity Name  
**EXPOSITION SERVICES, INC.**

Principal Place of Business  
**1407 CUMMINGS DRIVE  
TAX DIVISION  
RICHMOND VA 23220  
US**

Mailing Address  
**FIVE GIRALDA FARMS  
TAX DEPT. 3DA  
MADISON NJ 07940  
US**

**11011466**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **16-0986194**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>POHLMAN, J. JAMES</b>	
STREET ADDRESS	<b>1407 CUMMINGS DRIVE</b>	
CITY-ST-ZIP	<b>RICHMOND VA 23220</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BROADDUS, HAROLD D</b>	
STREET ADDRESS	<b>1407 CUMMINGS DR.</b>	
CITY-ST-ZIP	<b>RICHMOND VA 23320</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GRUBB, GARY</b>	
STREET ADDRESS	<b>1407 CUMMINGS DR.</b>	
CITY-ST-ZIP	<b>RICHMOND VA 23320</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>NETHERWOOD, WILLIAM</b>	
STREET ADDRESS	<b>1407 CUMMINGS DR.</b>	
CITY-ST-ZIP	<b>RICHMOND VA 23320</b>	
TITLE	<b>VPA</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SHERMAN, JEFFREY S</b>	
STREET ADDRESS	<b>FIVE GIRALDA FARMS</b>	
CITY-ST-ZIP	<b>MADISON NJ 07940</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SLATER, T. TIMOTHY</b>	
STREET ADDRESS	<b>FIVE GIRALDA FARMS</b>	
CITY-ST-ZIP	<b>MADISON NJ 07940</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRUBB, GARY</b>	
STREET ADDRESS	<b>1407 CUMMINGS DRIVE</b>	
CITY-ST-ZIP	<b>RICHMOND, VA 23320</b>	
TITLE	<b>VICE-PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NETHERWOOD, WILLIAM</b>	
STREET ADDRESS	<b>1407 CUMMINGS DRIVE</b>	
CITY-ST-ZIP	<b>RICHMOND, VA 23320</b>	
TITLE	<b>VP/ASSISTANT SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHERMAN, JEFFREY S.</b>	
STREET ADDRESS	<b>FIVE GIRALDA FARMS</b>	
CITY-ST-ZIP	<b>MADISON, NJ 07940</b>	
TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LACH, EILEEN M.</b>	
STREET ADDRESS	<b>FIVE GIRALDA FARMS</b>	
CITY-ST-ZIP	<b>MADISON, NJ 07940</b>	
TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'CONNOR, JACK M.</b>	
STREET ADDRESS	<b>FIVE GIRALDA FARMS</b>	
CITY-ST-ZIP	<b>MADISON, NJ 07940</b>	

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 REQUIRED: O'CONNOR, DIRECTOR**

**04/21/03**

Date

Daytime Phone #

CR2E034 (10/02)