

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90142 040 ***550.00

DOCUMENT # F99000005172

1. Entity Name
BAMA SUPPLY COMPANY, INC.

Principal Place of Business Mailing Address
% AMSAN, INC. **% AMSAN, INC.**
8000 REGENCY PARKWAY, SUITE 285 **8000 REGENCY PARKWAY, SUITE 285**
CARY NC 27511 **CARY NC 27511**

2. Principal Place of Business 3. Mailing Address
1105 Kershaw St.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Montgomery, AL
 Zip Country Zip Country
36108 **USA**

4. FEI Number **63-0569001** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **HENINGER, MICHAEL**
 STREET ADDRESS **1105 KERSHAW STREET**
 CITY-ST-ZIP **MONTGOMERY AL 36108**

TITLE **V** ☐ Delete
 NAME **MUTHE, JOHN A**
 STREET ADDRESS **8000 REGENCY PARKWAY, SUITE 285**
 CITY-ST-ZIP **CARY NC 27511**

TITLE **VS** ☐ Delete
 NAME **MCDEVITT, MICHAEL E**
 STREET ADDRESS **8000 REGENCY PARKWAY, SUITE 285**
 CITY-ST-ZIP **CARY NC 27511**

TITLE **VASD** ☐ Delete
 NAME **MORTENSON, THOMAS C**
 STREET ADDRESS **8000 REGENCY PARKWAY, SUITE 285**
 CITY-ST-ZIP **CARY NC 27511**

TITLE **D** ☒ Delete
 NAME **RAUNER, BRUCE V**
 STREET ADDRESS **6100 SEARS TOWER**
 CITY-ST-ZIP **CHICAGO IL 60606**

TITLE **D** ☒ Delete
 NAME **DONNINI, DAVID A**
 STREET ADDRESS **6100 SEARS TOWER**
 CITY-ST-ZIP **CHICAGO IL 60606**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: **WILLIAM C. REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/01 **919-468**
-1555

Date Daytime Phone #

CR2E034 (5/01)