

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90053 001 ***150.00

DOCUMENT # J03523

1. Entity Name

CONMAT TECHNOLOGIES, INC.

Principal Place of Business

**FRANKLIN AVE. & GRANT ST.
 PHOENIXVILLE PA 19460**

Mailing Address

**FRANKLIN AVE. & GRANT ST.
 PHOENIXVILLE PA 19460**

645398



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

23-2999072

Applied For

Not Applicable

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

**UCC FILING & SEARCH SERVICES, INC.
 526 EAST PARK AVE.
 STE. 200
 TALLAHASSEE FL 32302**

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, 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	CSD	<input type="checkbox"/> Delete
NAME	DEJULIIS, PAUL A	
STREET ADDRESS	FRANKLIN AVE. & GRANT ST.	
CITY-ST-ZIP	PHOENIXVILLE PA 19460	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RUTKOWSKI, THEODORE R	
STREET ADDRESS	FRANKLIN AVE. & GRANT ST.	
CITY-ST-ZIP	PHOENIXVILLE PA 19460	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAGER, EDWARD R	
STREET ADDRESS	FRANKLIN AVE. & GRANT ST.	
CITY-ST-ZIP	PHOENIXVILLE PA 19460	
TITLE	VT	<input type="checkbox"/> Delete
NAME	CRIGHTON, WILLIAM J	
STREET ADDRESS	FRANKLIN AVE. & GRANT ST.	
CITY-ST-ZIP	PHOENIXVILLE PA 19460	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: PAUL A. DEJULIIS *Paul A. DeJulis* **1/12/00** **610-935-0225**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRPF034 (9/99)