

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **J63983**

1. Entity Name
ATRIUM (NL-A) INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90008 004 ***150.00

| | |
|--|---|
| Principal Place of Business 2050 SPECTRUM BLVD FT LAUDERDALE FL 33309 US | Mailing Address 2050 SPECTRUM BLVD FT LAUDERDALE FL 33309-3008 US |
|--|---|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | | | |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number 65-0001834 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**SMITH, JOHN B.
2050 SPECTRUM BLVD.
FT. LAUDERDALE FL 33309**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PECK, GARY 2050 SPECTRUM BLVD FT. LAUDERDALE FL 33309 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DCEO RAYMOND, MARCY 7911 UPPER RIDGE DR. PARKLAND FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SMITH, JOHN B. 7361 S.W. 16TH ST PLANTATION FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ALLEN, SHANNON C 2050 SPECTRUM BLVD FT LAUDERDALE FL 33301 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LIVONIUS, ROBERT E. 1072 PINE BRANCH DR FT LAUDERDALE FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCFO KRAUSE, ROY 2050 SPECTRUM BLVD FT LAUDERDALE FL | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Pres./CEO Raymond Marcy 2050 Spectrum Blvd Ft. Lauderdale, FL 33309 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Asst. Treasurer Bruce T. Petersen 2050 Spectrum Blvd. Ft. Lauderdale, FL 33309 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Dir./V.P./Secretary Lisa G. Iglesias 2050 Spectrum Blvd Ft. Lauderdale, FL 33309 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Mark W. Smith **Mark W. Smith** 4/7/00 954-938-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #