

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 18, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000000820****1. Entity Name****ALLIANCE FOR FIRE AND SMOKE CONTAINMENT AND CONTROL, I  
NC.****Principal Place of Business**

767 S STATE ROAD SUITE 21

MARGATE  
33068

FL

**Mailing Address**

767 S STATE ROAD SUITE 21

MARGATE  
33068

FL

**2. Principal Place of Business**

8630-M GUILFORD ROAD

Suite, Apt. #, etc.

#196

COLUMBIA

MD

**3. Mailing Address**

8630-M GUILFORD ROAD

Suite, Apt. #, etc.

#196

COLUMBIA

MD

Zip

21046

Country

Zip

21046

Country

**4. FEI Number****65-0983133**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

GLANTZ RONALD PESQ

7951 SW 6TH STREET SUITE 200

PLANTATION

33324

FL

US

**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 reinstalling)

**04/18/2001**

DATE

**FILE NOW:****FEE IS \$61.25****9. Election Campaign Financing  
Trust Fund Contribution.**☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State****10. OFFICERS AND DIRECTORS**

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"/> Delete
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D
STREET ADDRESS	SHRIVER JIM
CITY-ST-ZIP	3711 WEST MILL STREET WABASH IN 46992
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D
STREET ADDRESS	RICK THORNBERRY
CITY-ST-ZIP	1111JEFFERSON STREET NAPA CA 94559
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D
STREET ADDRESS	AMAL TAMIM
CITY-ST-ZIP	WR GRACE, 62 WHITTLEMORE AVENUE CAMBRIDGE MA 02140
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D
STREET ADDRESS	LOVELL VICKIE
CITY-ST-ZIP	1040 CASARINA BLVD DELRAY BEACH FL 33483
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	M
STREET ADDRESS	GARDNER MICHAEL
CITY-ST-ZIP	810 FIRST STREET, NE #510 WASHINGTON DC 20002
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P
STREET ADDRESS	LICHT RICHARD
CITY-ST-ZIP	3M COMPANY, BUILDING 225-4S-08 ST. PAUL MN 55144

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:**

Michael Gardner

M

04/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)