

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000820

1. Entity Name

**ALLIANCE FOR FIRE AND SMOKE CONTAINMENT AND CONT  
ROL, INC.**

Principal Place of Business

**8630-M GUILFORD ROAD  
#196  
COLUMBIA MD 21046**

Mailing Address

**8630-M GUILFORD ROAD  
#196  
COLUMBIA MD 21046**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0983133**

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

**GLANTZ, RONALD P. ESQ  
7951 SW 6TH STREET SUITE 200  
PLANTATION FL 33324**

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **D RICK, THORNBERRY**  
STREET ADDRESS **1111JEFFERSON STREET**  
CITY-ST-ZIP **NAPA CA 94559**

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

TITLE ☐ Delete  
NAME **D SHRIVER, JIM**  
STREET ADDRESS **3711 WEST MILL STREET**  
CITY-ST-ZIP **WABASH IN 46992**

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

TITLE ☐ Delete  
NAME **D AMAL, TAMIM**  
STREET ADDRESS **WR GRACE, 62 WHITTEMORE AVENUE**  
CITY-ST-ZIP **CAMBRIDGE MA 02140**

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

TITLE ☐ Delete  
NAME **P LICHT, RICHARD**  
STREET ADDRESS **3M COMPANY, BUILDING 225-4S-08**  
CITY-ST-ZIP **ST. PAUL MN 55144**

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

TITLE ☐ Delete  
NAME **M GARDNER, MICHAEL**  
STREET ADDRESS **810 FIRST STREET, NE #510**  
CITY-ST-ZIP **WASHINGTON DC 20002**

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

TITLE ☐ Delete  
NAME **D LOVELL, VICKIE**  
STREET ADDRESS **1040 CASABURINA BLVD**  
CITY-ST-ZIP **DELRAY BEACH FL 33483**

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

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 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* **MICHAEL GARDNER** 2/1/02 301.369.1233  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90021 018 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CP2E037 (9/01)

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