

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

0007341

DOCUMENT # N31630

1. Entity Name

USS TRENTON (CL-11) REUNION, INCORPORATED

Principal Place of Business

**% WILLIAM H. GRANT, III
 859 PARK AVENUE, SUITE 104
 ORANGE PARK FL 32073**

Mailing Address

**% WILLIAM H. GRANT, III
 859 PARK AVENUE, SUITE 104
 ORANGE PARK FL 32073**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2943388

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GRANT (WILLIAM H.), III
 859 PARK AVENUE
 SUITE 104
 ORANGE PARK FL 32073**

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)

**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	D	<input type="checkbox"/> Delete
NAME	BALFOUR, JAY	
STREET ADDRESS	P. O. BOX 87038	
CITY-ST-ZIP	VANCOUVER WA 98687	
TITLE	P	<input type="checkbox"/> Delete
NAME	MORTON, F.L.	
STREET ADDRESS	1416 FOURTH STREET	
CITY-ST-ZIP	WEST OKOBOJI IA	
TITLE	S	<input type="checkbox"/> Delete
NAME	BALFOUR, GYNETH SUE	
STREET ADDRESS	P.O. BOX 87038	
CITY-ST-ZIP	VANCOUVER WA 98687	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SPENCER, FRANK O.	
STREET ADDRESS	3403 LEES AVE	
CITY-ST-ZIP	LONG BCH CA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, HAROLD D	
STREET ADDRESS	BOX 535	
CITY-ST-ZIP	LA CENTER KY 42056	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AWANT, EDGAR L	
STREET ADDRESS	155 HILTON PLACE	
CITY-ST-ZIP	COLLINSVILLE IN 42234-1463	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, partnership, 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 checked in attachment with an address, with all other like empowered.

PLEASE SIGN -->

SIGNATURE: **GYNETH SUE BALFOUR** Secretary **3-24-2001** (300)254-4439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)