**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 12, 2002 8:00 am DOCUMENT # P02263 **Secretary of State** 1. Entity Name 02-12-2002 90104 043 \*\*\*150.00 VALK MANUFACTURING COMPANY Principal Place of Business Mailing Address 66 EAST MAIN ST 66 EAST MAIN ST NEW KINGSTOWN PA 17072-0428 P O BOX 249- 428 US NEW KINGSTOWN PA 17072-0428 2. Principal Place of Business 3. Mailing Address 66 EAST MAIN STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE POST OFFICE BOX 428 City & State City & State 4. FEI Number Applied For NEW KINGSTOWN. PA 23-1399803 Not Applicable Zip 1<sup>Zip</sup> 17072-0428 Country \$8.75 Additional 5. Certificate of Status Desired ŬŠĀ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VALK, RICHARD Street Address (P.O. Box Number is Not Acceptable) 1330 PARTRIDGE PLACE NORTH **BOYNTON BEACH FL 33436** City 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (10/6) TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME valk. Richard P NAME STREET ADDRESS STREET ADDRESS 66 E MAIN STREET CITY-ST-ZIP CITY-ST-7IP NEW KINGSTOWN PA 17072-0428 TITLE **VS** ☐ Delete TITLE ☐ Change ☐ Addition NAME LANG. ROBERT P NAME STREET ADDRESS STREET ADDRESS 429 MEETING HOUSE RD CITY-ST-ZIP CITY-ST-ZIP CARLISLE PA 17013 ☐ Delete TITLE VTD TITLE ☐ Change Addition NAME HAY, JAMES F STREET ADDRESS STREET ADDRESS 9 STEWART DR CITY-ST-ZIP CITY-ST-ZIP CARLISLE PA 17013-1765 TITLE ☐ Delete TITLE ☐ Change PD ☐ Addition NAME VALK, TED P STREET ADDRESS STREET ADDRESS 1713 OLMSTED WAY W CITY-ST-ZIP CAMP HILL PA 17011 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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 a

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

ENTRY PER HAVE INTENTION FOR FRENCH DIENT DIANDE CHIEF FINANCIAL

01/11/02 OFFICER

717-766-0711

Daytime Phone #

CR2E034