

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03576

1. Entity Name

SUPER DISTRIBUTORS, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90041 006 ***150.00

Principal Place of Business P.O. BOX 3165 HARRISBURG PA 17105 US	Mailing Address P.O. BOX 3165 HARRISBURG PA 17105-3165 US
---	--

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

City & State	City & State
Zip	Country

4. FEI Number 72-0678665	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---	--

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KIBLER, CHARLES 30 HUNTER LANE CAMP HILL PA 17011
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BERGONZI, FRANK 30 HUNTER LANE CAMP HILL PA 17011
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT SPEAKER, JOSEPH 30 HUNTER LANE CAMP HILL PA 17011
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS GELMAN, I. LAWRENCE 30 HUNTER LANE CAMP HILL PA 17011
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, FRANKLIN 30 HUNTER LANE CAMP HILL PA 17011
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GERSON, ELLIOT S 30 HUNTER LANE CAMP HILL PA 17011

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JAMES KRAHULEC 30 HUNTER LANE CAMP HILL PA 17011
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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 address, with all other like empowered.

SIGNATURE: X **ELLIOT S. GERSON** **4/10/00** **(717) 761-2633**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)