

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

PO6580

1. Entity Name

CENTRON DPL COMPANY, INC.

Principal Place of Business

Mailing Address

FILED

Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90126 008 ***150.00

80077537

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21031 WARNER CENTER LANE

Suite, Apt. #, etc.

3. Mailing Address

21051 WARNER CENTER LANE

Suite, Apt. #, etc.

City & State

WOODLAND HILLS, CA 91367

Zip

91367

Country

UNITED STATES

City & State

WOODLAND HILLS, CA 91367

Zip

91367

Country

UNITED STATES

4. FEI Number

4101495549

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

Name

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code

33324

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

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | | |
|----------------|---------------------------------|----------------|--|---------------------------------|--|
| TITLE | <input type="checkbox"/> Delete | TITLE | PRESIDENT/CEO/DIRECTOR | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | | NAME | DAVID E. HARMON | | |
| STREET ADDRESS | | STREET ADDRESS | 21051 WARNER CENTER LANE | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | WOODLAND HILLS, CA 91367 | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | SECRETARY | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | | NAME | MARSHALL E. ROSENBERG | | |
| STREET ADDRESS | | STREET ADDRESS | 21051 WARNER CENTER LANE | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | WOODLAND HILLS, CA 91367 | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | PLEASE SEE ATTACHED LISTING OF OFFICERS AND DIRECTORS | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 employees.

MARSHALL E. ROSENBERG
SECRETARY

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/00

Date

(818) 226-6600

Daytime Phone #

CR2E034 (9/99)