

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P10548

1. Entity Name

EVEREADY BATTERY COMPANY, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90071 008 ***150.00

Principal Place of Business

Mailing Address

CHECKERBOARD SQUARE
INCOME TAX - 2C
ST. LOUIS MO 63164
US

CHECKERBOARD SQUARE
INCOME TAX - 2C
ST. LOUIS MO 63164-0001
US

2. Principal Place of Business

Checkerboard Square

Suite, Apt. #, etc.

Tax Department - PWC 2A

City & State

St Louis MO

Zip
63164

Country
USA

3. Mailing Address

Checkerboard Square

Suite, Apt. #, etc.

Tax Department - PWC 2A

City & State

St Louis MO

Zip
63164

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

43-1407915

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, J D	
STREET ADDRESS	CHECKERBOARD SQUARE	
CITY-ST-ZIP	ST. LOUIS MO 63164	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MULCAHY, J.P.	
STREET ADDRESS	CHECKERBOARD SQUARE	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	ELESSER, J R	
STREET ADDRESS	CHECKERBOARD SQUARE	
CITY-ST-ZIP	ST. LOUIS MO 63164	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	STRACHAN, H., L.	
STREET ADDRESS	CHECKERBOARD SQUARE	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	AST	<input checked="" type="checkbox"/> Delete
NAME	WEINEL, R. B.	
STREET ADDRESS	CHECKERBOARD SQUARE	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WINNEY, R.D.	
STREET ADDRESS	CHECKERBOARD SQUARE	
CITY-ST-ZIP	ST. LOUIS MO	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patrick C Mannix	
STREET ADDRESS	Checkerboard Square	
CITY-ST-ZIP	St Louis MO 63164	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J Patrick Mulcahy	
STREET ADDRESS	Checkerboard Square	
CITY-ST-ZIP	St Louis MO 63164	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William C Fox	
STREET ADDRESS	Checkerboard Square	
CITY-ST-ZIP	St Louis MO 63164	
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barry K Strachan	
STREET ADDRESS	Checkerboard Square	
CITY-ST-ZIP	St Louis MO 63164	
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		

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:

Donald R. Weigman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00

Date

Daytime Phone #

CR2E034 (9/99)