

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P10661

1. Entity Name

MOSLER INC.

Principal Place of Business

8509 BERK BLVD.
HAMILTON OH 45015
US

Mailing Address

8509 BERK BLVD.
HAMILTON OH 45015-2213
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1172814

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

UNITED STATES CORPORATION COMPANY
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☒ Delete
NAME **WERDEN, GEROGE W**
STREET ADDRESS **8804 EAGLE RIDGE RD**
CITY-ST-ZIP **WEST CHESTER OH 45069**

TITLE **Assistant Secretary** ☒ Change ☐ Addition
NAME **Alfred R. Rabasca**
STREET ADDRESS **64 Edgewood Avenue**
CITY-ST-ZIP **Clifton, NJ 07012**

TITLE **P** ☐ Delete
NAME **RAPOPORT, MICHAEL**
STREET ADDRESS **10 MUIRFIELD LANE**
CITY-ST-ZIP **CINCINNATI OH**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPT** ☒ Delete
NAME **BELL, THOMAS J**
STREET ADDRESS **963 CREEK KNOLL DR**
CITY-ST-ZIP **MILFORD OH 45150**

TITLE **VP, CFO & Treas** ☒ Change ☐ Addition
NAME **Robert A. Crisafulli**
STREET ADDRESS **160 East Elm Street, Apt C4**
CITY-ST-ZIP **Greenwich, CT 06830**

TITLE **S** ☐ Delete
NAME **PAMELA, MEYERS S**
STREET ADDRESS **3633 CARPENTERS CREEK DR.**
CITY-ST-ZIP **CINCINNATI OH 45241**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert A. Crisafulli, VP, CFO & Treas. 3/23/00 513-870-1184

Date

Daytime Phone #

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

04-03-2000 90203 013 ***150.00

632338



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)