

FILED

Mar 11, 2002 8:00 am  
Secretary of State

01-24-2002 90360 046 \*\*\*\*50.00

03-11-2002 90075 049 \*\*\*150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P12139

1. Entity Name

AMF BOWLING PRODUCTS, INC.

Principal Place of Business

8100 AMF DRIVE  
MECHANICSVILLE VA 23111  
US

Mailing Address

POST OFFICE BOX 15060  
RICHMOND VA 23227

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

54-1390740

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

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

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 (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, 2002 Fee will be \$550.00  
Make Check Payable to Department of State10. 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	VPS	<input checked="" type="checkbox"/> Delete
NAME	BARDARO, MICHAEL P.	
STREET ADDRESS	8100 AMF DRIVE	
CITY-ST-ZIP	RICHMOND VA 23111	
TITLE	OT	<input checked="" type="checkbox"/> Delete
NAME	HARE, STEPHEN E.	
STREET ADDRESS	8100 AMF DRIVE	
CITY-ST-ZIP	RICHMOND VA 23111	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	SHEARER, JOHN S	
STREET ADDRESS	8100 AMF DRIVE	
CITY-ST-ZIP	RICHMOND VA 23111	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, ROLAND C.	
STREET ADDRESS	8100 AMF DRIVE	
CITY-ST-ZIP	RICHMOND VA 23111	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christopher F Caesar	
STREET ADDRESS	8100 AMF DRIVE	
CITY-ST-ZIP	MECHANICSVILLE VA 23111	
TITLE	UPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Renee Antolik	
STREET ADDRESS	8100 AMF DRIVE	
CITY-ST-ZIP	MECHANICSVILLE VA 23111	
TITLE	Pres Director	<input checked="" 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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/02

Date

804.559.6283

Daytime Phone

CR2E034 (9/01)