

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P12628

1. Entity Name

MANSFIELD PLUMBING PRODUCTS, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90308 006 ***150.00

Principal Place of Business

Mailing Address

150 E.FIRST ST.
PERRYSVILLE OH 44864

233 S WACKER DR
STE 3500
CHICAGO IL 60606-6383

2. Principal Place of Business

3. Mailing Address

233 S. Wacker Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 3500

City & State

City & State

Chicago, IL

Zip

Country

Zip

Country

60606

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1534929

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
110 NORTH MAGNOLIA STREET
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 ☒ Delete
NAME HARBRECHT, JOSEPH W
STREET ADDRESS 150 FIRST ST
CITY-ST-ZIP PERRYSVILLE OH

TITLE ☒ Change ☐ Addition
NAME Harry Franze
STREET ADDRESS 150 First St.
CITY-ST-ZIP Perrysville, OH

TITLE ☐ Delete
NAME CURRAN, LARRY
STREET ADDRESS 150 FIRST ST
CITY-ST-ZIP PERRYSVILLE OH 44864

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

TITLE ☒ Delete
NAME ATHAS, GUS J
STREET ADDRESS 233 S WACKER DR STE 3500
CITY-ST-ZIP CHICAGO IL

TITLE ☒ Change ☐ Addition
NAME VP William T. Collins
STREET ADDRESS 233 S. Wacker Dr. STE 3500
CITY-ST-ZIP Chicago, IL 60606

TITLE ☒ Delete
NAME HALL, WILLIAM K.
STREET ADDRESS 233 S WACKER DR STE 3500
CITY-ST-ZIP CHICAGO IL

TITLE ☒ Change ☐ Addition
NAME Secretary Dali Masud
STREET ADDRESS 233 S. Wacker Dr. STE 3500
CITY-ST-ZIP Chicago, IL 60606

TITLE ☒ Delete
NAME PHILIPPIN, CHARLIE
STREET ADDRESS 280 PARK AVE
CITY-ST-ZIP NEW YORK NY 10017

TITLE ☒ Change ☐ Addition
NAME ASST. TREASURER William J. Postiglione
STREET ADDRESS 233 S. Wacker Dr. STE 3500
CITY-ST-ZIP Chicago, IL 60606

TITLE ☒ Delete
NAME COTTONE, SAM A
STREET ADDRESS 150 1ST AVE
CITY-ST-ZIP PERRYSVILLE OH 44864

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Treasurer

Date

Daytime Phone #

CR2E034 (9/99)