2000 UNIFORM BUSINESS REPORT (UBR)

6/1

FILED
Jul 05, 2000 8:00 am
Secretary of State
06-08-2000 90034 042 ***150.00

DOCUMENT # P13451

1. Entity Name

THE LATHROP COMPANY, INC.

Principal Place of Business	Mailing Address
%C T CORPORATION SYSTEM 1220 DUSSEL DR., P.O. BOX 772 TOLEDO OH 43697-0772	P.O BOX 772 TOLEDO OH 43697-0772 US

DO NOT WRITE IN THIS SPACE

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 13-3360612 ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MAXWELL, ROBERT L. 7829 HEDINGHAM ROAD SYLVANIA OH	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KUSNER, MARK T 2211 CENTRAL GROVE TOLEDO OH	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GOZO, SARA J 375 HUDSON ST. NEW YORK NY	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ANTHONY C. BRIEL 901 MAIN STREET DALLAS, TX 75202	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARMELEE, HAROLD J. 11 SUNSET HILL ROAD NEW CANAAN CT	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS C. LEPPERT 901 Main Street DALLAS, TX 75202	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERT E. Fee 375 HUDSON STREET New York, NY 10014	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JOSEPH R. KOVALESKI 460 WEST DUSSEL DRIVE MAUMEE, OHIO 43537	☐ Change ☒ Addition

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 above, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT E. Fee SIGNATURE REQUIRED 5/15/2000 (212)229-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #