2001 UNIFORM BUSINESS REPORT (UBR)

Jan 29, 2001 8:00 am **DOCUMENT # P14656 Secretary of State** SANTANA PRODUCTS, INC. 01-29-2001 90015 037 ***150.00 Principal Place of Business Mailing Address 1300 MEYLERT AVE P.O BOX 2021 SCRANTON PA 18509 SCRANTON PA 18501 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 54-1145649 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAWKINS. JOHN TIMOTHY Street Address (P.O. Box Number is Not Acceptable) 469 2ND AVE NORTH ST PETERBURG FL 33701 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 ☐ Addition ☐ Delete TITLE Change TITLE LYNCH, MICHAEL T. NAME NAME STREET ADDRESS STREET ADDRESS 1300 MEYLERT AVE CITY-ST-ZIP CITY-ST-ZIP SCRANTON PA ☐ Delete TITLE ☐ Change ☐ Addition GAVIGAN, JAMES M. NAME NAME STREET ADDRESS STREET ADDRESS 1300 MEYLERT AVE CITY-ST-ZIP CITY-ST-ZIP SCRANTON PA Delete TITLE **X** Change ☐ Addition TITLE LYNCH, MICHAEL T., JP. 1300 MEMLERT AVE LYNCH, MICHAEL T., JR NAME NAME STREET ADDRESS STREET ADDRESS 1300 MEYLERT AVE CITY-ST-7IP CITY-ST-7IP SCRANTON, PA SCRANTON PA Change ☐ Addition TITLE ☐ Delete TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

Date

Date

Date

Date

Daytime Phone #

CITY-ST-ZIP

CiTY-ST-7IP

CR2E034 (10)