

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P15248

1. Entity Name
MUELLER SERVICE CO.

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 90399 001 ***450.00

Principal Place of Business

Mailing Address

500 W ELDORADO ST
DECATUR IL 62522
US

500 W ELDORADO ST
DECATUR IL 62522
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

03801

USA

4. FEI Number 52-1523726

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
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City
Tallahassee

FL

Zip Code
32301

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 See attached statement of change of registered agent.

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, DEAN 277 PARK AVE NEW YORK NY 10172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, TIMOTHY 277 PARK AVE NEW YORK NY 10172	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, DALE 500 W ELDORADO ST DECATUR IL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WITTELS, DAVID 277 PARK AVE NEW YORK NY 10172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO JEAN, DARRELL M 500 W. ELDORADO STREET DECATUR IL 62522	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

SCHEDULE ATTACHED

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

George P. Bukuras

Date

603/422-8000

CR2E034 (10/00)

Doell # 78 69782

**MUELLER SERVICE CO.
FEDERAL ID #52-1523726
DIRECTORS LISTING**

<u>Name</u>	<u>Business Address</u>
Thompson Dean	277 Park Ave. New York, NY 10172
John F. Fort, III	1323 North Blvd. Houston, TX 77006
Vincent Sarni	One PPG Place Pittsburgh, PA 15272
Dale Smith	500 W. Eldorado St. Decatur, IL 62522
Paul Thompson, III	277 Park Ave. New York, NY 10172
David Wittels	277 Park Ave. New York, NY 10172

Doc# 69782

**MUELLER SERVICE CO.
FEDERAL ID #52-1523726
OFFICERS LISTING**

<u>Name & Title</u>	<u>Business Address</u>
Dale B. Smith President & Chief Executive Officer	500 W. Eldorado St. Decatur, IL 62522
Darrell M. Jean Vice President, Chief Financial Officer & Assistant Secretary	500 W. Eldorado St. Decatur, IL 62522
Walt Smith Treasurer	500 W. Eldorado St. Decatur, IL 62522
George P. Bukuras Vice President, General Counsel & Secretary	110 Corporate Dr., Suite 10 Portsmouth, NH 03801

03/01/01

Doc # 69782

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of DELAWARE submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: MUELLER SERVICE CO.

2. The mailing address of the corporation is: 500 W. Eldorado St., Decatur, IL 62522

3. Date of incorporation/qualification: 7/20/1987 Document number: P15248

4. The name and address of the current registered agent and office:

CT CORPORATION SYSTEM

1200 S. PINE ISLAND

PLANTATION, FL 33324

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Corporation Service Company

1201 Hays Street

Tallahassee, Florida 32301

FILED
01 FEB - 9 PM 4: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

(Signature of an officer, chairman or vice chairman of the board)

2-1-01
(Date)

George P. Bukuras VP + General Counsel
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

By: Pamela L. Simpson
(Signature of Registered Agent)

2/6/2001
(Date)

If signing on behalf of an entity:

PAMELA L. SIMPSON
(Typed or Printed Name)

AUTHORIZED REP.
(Capacity)

*** FILING FEE: \$35.00 ***