

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P19559

1. Entity Name

NATIONAL MANAGEMENT CORPORATION

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

05-18-2000 90303 011 \*\*\*150.00

Principal Place of Business Mailing Address  
8450 BROADWAY 8450 BROADWAY  
P.O. BOX 13006 P.O. BOX 13006  
MERRILLVILLE IN 46411-0006 MERRILLVILLE IN 46411-3006

2. Principal Place of Business 3. Mailing Address  
SAME SAME  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 35-1648765 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

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

Name SAME  
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 \_\_\_\_\_  
(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 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ALLEN, JACK R	
STREET ADDRESS	8450 BROADWAY	
CITY-ST-ZIP	MERRILLVILLE IN 46410	
TITLE	SVPS	<input type="checkbox"/> Delete
NAME	GAGAN, JACK L	
STREET ADDRESS	8450 BROADWAY	
CITY-ST-ZIP	MERRILLVILLE IN 46410	
TITLE	COB	<input type="checkbox"/> Delete
NAME	WITTLINGER, FRED A	
STREET ADDRESS	8450 BROADWAY	
CITY-ST-ZIP	MERRILLVILLE IN 46410	
TITLE	VCOB	<input type="checkbox"/> Delete
NAME	GAGAN, JAMES L	
STREET ADDRESS	8450 BROADWAY	
CITY-ST-ZIP	MERRILLVILLE FL 46410	
TITLE	SVPT	<input type="checkbox"/> Delete
NAME	DEUTSCH, EUGENE H	
STREET ADDRESS	8450 BROADWAY	
CITY-ST-ZIP	MERRILLVILLE IN 46410	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	KING, CRAIG A	
STREET ADDRESS	8450 BROADWAY	
CITY-ST-ZIP	MERRILLVILLE IN 46410	

TITLE	ALL LISTED IN ITEM #11	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARE THE SAME!	
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		
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: *Eugene H. Deutsch*

(219) 736-1100

EUGENE H. DEUTSCH, SENIOR VICE PRESIDENT OF FINANCE

Date Daytime Phone #

CR2E034 (9/99)