

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90007 019 ***150.00

DOCUMENT # P19559

1. Entity Name

NATIONAL MANAGEMENT CORPORATION

Principal Place of Business

**8450 BROADWAY
P.O. BOX 13006
MERRILLVILLE IN 46411-0006**

Mailing Address

**8450 BROADWAY
P.O. BOX 13006
MERRILLVILLE IN 46411-0006**

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

35-1648765

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2002 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	CHAIRMAN OF THE BOARD, <input type="checkbox"/> Delete ALLEN, JACK R 8450 BROADWAY MERRILLVILLE IN 46410 DIRECTOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT SENIOR VICE PRESIDENT, <input type="checkbox"/> Delete GAGAN, JACK L 8450 BROADWAY MERRILLVILLE IN 46410 SECRETARY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB CHAIRMAN EMERITUS, <input type="checkbox"/> Delete WITTLINGER, FRED A 8450 BROADWAY MERRILLVILLE IN 46410 DIRECTOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOB, DIRECTOR <input type="checkbox"/> Delete GAGAN, JAMES L 8450 BROADWAY MERRILLVILLE FL 46410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT <input type="checkbox"/> Delete DEUTSCH, EUGENE H 8450 BROADWAY MERRILLVILLE IN 46410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVX PRESIDENT <input type="checkbox"/> Delete POWELL, SCOTT M 8450 BROADWAY MERRILLVILLE IN 46410

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BALL, FRANK E. 8450 BROADWAY MERRILLVILLE IN 46410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BRAUNLICH, HENRY P. JR 8450 BROADWAY MERRILLVILLE IN 46410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE VARIOUS CHANGES REPORTED IN ITEM 11 REGARDING TITLES
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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SCOTT M. POWELL, PRESIDENT

4/19/02

(219) 736-1100

Date

Daytime Phone #

CR2E034 (9/01)