

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90009 034 ***150.00

DOCUMENT # P23720

1. Entity Name

GENERAL HOUSEWARES CORP.

Principal Place of Business	Mailing Address
1536 BEECH STREET PO BOX 4066 TERRE HAUTE IN 47804	1536 BEECH STREET PO BOX 4066 TERRE HAUTE IN 47804

2. Principal Place of Business	3. Mailing Address
ONE PYREX PLACE Suite, Apt. #, etc. PO BOX 1555	ONE PYREX PLACE Suite, Apt. #, etc. PO BOX 1555

City & State	City & State	4. FEI Number	Applied For
ELMIRA, NEW YORK	ELMIRA, NEW YORK	41-0919772	Not Applicable
Zip	Country	Zip	Country
14902	CHEMUNG	14902	CHEMUNG

00057338

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYES STREET
 TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 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

TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	KULLA, RAYMOND J.	
STREET ADDRESS	4172 CART PATH COURT	
CITY - ST - ZIP	TERRE HAUTE IN 47802	
TITLE	PCD	<input checked="" type="checkbox"/> Delete
NAME	SAXTON, PAUL A.	
STREET ADDRESS	96 ALLENDALE	
CITY - ST - ZIP	TERRE HAUTE IN	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	SCALES, MARK S.	
STREET ADDRESS	7413 S WESTWOOD LANE	
CITY - ST - ZIP	TERRE HAUTE IN 47802	
TITLE	VM	<input checked="" type="checkbox"/> Delete
NAME	BLACKWELL, JOHN C	
STREET ADDRESS	778 FORREST DRIVE	
CITY - ST - ZIP	TERRE HAUTE IN	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CROWLEY, JOHN S.	
STREET ADDRESS	627 ROUND HILL RD	
CITY - ST - ZIP	GREENWICH CT	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRANCIS, THOMAS L.	
STREET ADDRESS	64 ALLENDALE	
CITY - ST - ZIP	TERRE HAUTE IN	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLEN GERMAN BERNDT	
STREET ADDRESS	180 E. BROAD STREET	
CITY - ST - ZIP	COLUMBUS, OH 43215	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES M. BRANNICK	
STREET ADDRESS	945 OAK HILL DRIVE	
CITY - ST - ZIP	ELMIRA, NEW YORK 14905	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	C. ROBERT KIDDER	
STREET ADDRESS	6 EDGE OF THE WOOD	
CITY - ST - ZIP	NEW ALBANY OH 43054	
TITLE	CFO, DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTHONY P. DEASEY	
STREET ADDRESS	11 WOOD'S LAND	
CITY - ST - ZIP	ELMIRA, NY 14905	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM H. CARTER	
STREET ADDRESS	7788 CANDLEWOOD LANE	
CITY - ST - ZIP	COLUMBUS OH 43235	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANCY-A. REARDON	
STREET ADDRESS	4545 NORTH GATE	
CITY - ST - ZIP	NEW ALBANY, OH 43054	

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

4/28/00

Date

(607) 377-8763

Daytime Phone #