

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90128 048 ***550.00

DOCUMENT # P24360

1. Entity Name
WILLIAMSPORT WIREROPE WORKS, INC.

Principal Place of Business

100 MAYNARD ST.,
WILLIAMSPORT PA.17701

Mailing Address

100 MAYNARD ST.,
WILLIAMSPORT PA 17701

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **23-2552634**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **VCD** ☐ Delete
NAME **SHEEHAN, JOHN E.**
STREET ADDRESS **1928 CARROLLTON ROAD**
CITY-ST-ZIP **ANNAPOLIS MD 21401**

TITLE **TD** ☐ Delete
NAME **ORTEL, KATHLEEN**
STREET ADDRESS **451 WAGGAMON CIR**
CITY-ST-ZIP **ANNAPOLIS MD 21403**

TITLE **S** ☒ Delete
NAME **GYURICH, LOU**
STREET ADDRESS **305 KELPER LANE**
CITY-ST-ZIP **JOHNSTOWN PA 15909**

TITLE **P** ☐ Delete
NAME **PROBASCO, VIRGIL**
STREET ADDRESS **HC 84 BOX 499**
CITY-ST-ZIP **TROUT RUN PA 17771**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME *Secretary*
STREET ADDRESS *Kathleen Ortel*
CITY-ST-ZIP *451 Waggamon Circle*
ANnapolis MD 21403

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *6115 Rose Valley Rd.*
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME *Vice President*
STREET ADDRESS *Lamar Richards*
CITY-ST-ZIP *1623 Chestnut St*
Williamsport PA 17701

TITLE ☐ Change ☐ 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/02

Date

570-326-5146

Daytime Phone #

CR2E034 (4/02)