

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P25560

1. Entity Name

PILLING WECK INCORPORATED

Principal Place of Business

Mailing Address

420 DELAWARE DRIVE  
FORT WASHINGTON PA 19034-2711

420 DELAWARE DRIVE  
FORT WASHINGTON PA 19034-2711

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

23-0977100

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

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, 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** ☐ Delete  
NAME **MORDOCK, JOHN E**  
STREET ADDRESS **420 DELAWARE DRIVE**  
CITY-ST-ZIP **FORT WASHINGTON PA 19034**

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

TITLE **VPSD** ☐ Delete  
NAME **CHANCE, STEVEN K**  
STREET ADDRESS **630 W. GERMANTOWN PIKE**  
CITY-ST-ZIP **PLYMOUTH MA 19462**

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

TITLE **AS** ☐ Delete  
NAME **ZEARFOSS, HERBERT K**  
STREET ADDRESS **155 S. LIMERICK RD**  
CITY-ST-ZIP **LIMERICK PA 19468**

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

TITLE **T** ☐ Delete  
NAME **GAMBONE, STEPHEN**  
STREET ADDRESS **155 S LIMERICK RD**  
CITY-ST-ZIP **LIMERICK PA 19468**

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

TITLE **D** ☐ Delete  
NAME **BUCKELEW, LARRY C**  
STREET ADDRESS **ONE WEEK DRIVE, PO BOX 12600**  
CITY-ST-ZIP **RESEARCH TRIANGLE PARK NC 27709**

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

TITLE **D** ☐ Delete  
NAME **ZUBER, HAROLD L JUNIOR**  
STREET ADDRESS **630 W. GERMANTOWN PIKE**  
CITY-ST-ZIP **PLYMOUTH MTG PA 19462**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**HERBERT K. ZEARFOSS**  
**ASSISTANT SECRETARY**

Date

Daytime Phone #

MAR 13 2000

CR2E034 (9/99)