

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P28443

1. Entity Name

LEAR SIEGLER SERVICES, INC.

Principal Place of Business

Mailing Address

~~C/O UNG INCORPORATED~~
175 ADMIRAL COCHRANE DRIVE
ANNAPOLIS MD 21401

~~C/O UNG INCORPORATED~~
175 ADMIRAL COCHRANE DRIVE
ANNAPOLIS MD 21401

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 52-1605019

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

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

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, 2001 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	<input type="checkbox"/> Delete
DP	MOELLERING, JOHN H	175 ADMIRAL COCHRANE DR.	ANNAPOLIS MD	<input type="checkbox"/>
STV	MUNKACSY, WILLIAM M	175 ADMIRAL COCHRANE DR.	ANNAPOLIS MD	<input type="checkbox"/>
ASD	YOUNGKIN, GLENN A	1001 PENNSYLVANIA AVE NW	WASHINGTON DC 20004-2505	<input type="checkbox"/>
CD	CONWAY, WILLIAM E JR	1001 PENNSYLVANIA AVE NW	WASHINGTON DC 20004-2505	<input type="checkbox"/>
D	HOLT, ALLAN M	1001 PENNSYLVANIA AVE NW	WASHINGTON DC 20004-2505	<input type="checkbox"/>
D	CANNISTRA, KENNETH W	8235 LANDING SOUTH	ATLANTA GA 30350	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

William M. Munkacsy 4/4/01 410-266-1380

Date

Daytime Phone #

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90451 029 ***150.00

00049622



DO NOT WRITE IN THIS SPACE

5/1/01

CR2E034 (10/00)