

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P29870

1. Entity Name

MANUFACTURERS CONSOLIDATION SERVICE, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90023 040 ***150.00

Principal Place of Business

Mailing Address

618 OAKLEAF OFFICE LANE
MEMPHIS TN 38117
US

618 OAKLEAF OFFICE LANE
MEMPHIS TN 38117-4811
US

00000011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1340 TREAT BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

City & State

City & State

WALNUT CREEK CA

4. FEI Number

62-0790773

Applied For

Not Applicable

Zip

Country

Zip

Country

94596

CONTRA COSTA

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

PARKER, GEORGE M.
10091 SW 158TH TER
MIAMI FL 33157

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 PD
NAME ORRIS, DONALD C
STREET ADDRESS 1675 LARIMER ST STE 620
CITY-ST-ZIP DENVER CO 60202

TITLE CD
NAME
STREET ADDRESS 5251 DTC PARKWAY #1000
CITY-ST-ZIP ENGLEWOOD CO 80111

TITLE STD
NAME YARBERRY, LAWRENCE
STREET ADDRESS 3746 MT DIABLO BLVD STE 110
CITY-ST-ZIP LAFAYETTE CA 94549

TITLE V
NAME
STREET ADDRESS 1340 TREAT BLVD #200
CITY-ST-ZIP WALNUT CREEK CA 94596

TITLE ST
NAME BURCHAM, V. KAY
STREET ADDRESS 608 WINFORD DRIVE
CITY-ST-ZIP COLLIERSVILLE TN 38017

TITLE P
NAME HYLAND, RICHARD P
STREET ADDRESS 8201 WEST 183RD STREET, SUITE I
CITY-ST-ZIP TENLEY PARK IL 60477

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME ATTURIO, JOSEPH P
STREET ADDRESS 1340 TREAT BLVD #200
CITY-ST-ZIP WALNUT CREEK CA 94596

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME ANGELI, GERRY
STREET ADDRESS 1229 EAST PLEASANT RUN ROAD
CITY-ST-ZIP DESOTO TX 75115

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME GOLDFEIN, GARY I
STREET ADDRESS 959 SOUTH COAST DRIVE #225
CITY-ST-ZIP COSTA MESA CA 92626

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: *J P Atturio* J P ATTURIO

2/17/00

(925) 979-4481

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)