


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2003 8:00 am**  
**Secretary of State**

08-21-2003 90110 018 \*\*\*550.00

0147303 AB

<b>DOCUMENT #</b> P32328	
<b>1. Entity Name</b> HULCO SALES CORP.	

<b>Principal Place of Business</b> 101 N. 9TH ST TERRE HAUTE IN 47807 US	<b>Mailing Address</b> P.O. BOX 150 TERRE HAUTE IN TERRE HAUTE IN 47808 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
Zip	Country

<b>4. FEI Number</b> 35-1812152	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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☐ CHECK HERE IF MAKING CHANGES

<b>6. Name and Address of Current Registered Agent</b>  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324
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<b>7. Name and Address of New Registered Agent</b>
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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	VD GEORGE, MARI H.
<b>STREET ADDRESS</b>	101 N. 9TH STREET
<b>CITY-ST-ZIP</b>	TERRE HAUTE IN
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	PD GEORGE, ANTON H.
<b>STREET ADDRESS</b>	101 N 9TH STREET
<b>CITY-ST-ZIP</b>	TERRE HAUTE IN
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	STD BELSKUS, JEFFREY G.
<b>STREET ADDRESS</b>	101 N. 9TH STREET
<b>CITY-ST-ZIP</b>	TERRE HAUTE IN
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	VP MORRIS, GARY
<b>STREET ADDRESS</b>	101 N 9TH STREET
<b>CITY-ST-ZIP</b>	TERRE HAUTE IN 47808-0150
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	AST FORSYTHE, LUNDA
<b>STREET ADDRESS</b>	101 N 9TH STREET
<b>CITY-ST-ZIP</b>	TERRE HAUTE IN 47808-0150
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12.** 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 10 or Block 11 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

8-18-03 812-232-9446

Date Daytime Phone #

CR2E034 (4/03)