

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P33440

1. Entity Name  
SHIFLET IMAGING, INC.

Principal Place of Business  
459 FRANKLIN AVENUE  
ALQUIPPA PA 15001

Mailing Address  
459 FRANKLIN AVENUE  
ALQUIPPA PA 15001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 25-1642309

Applied For  
Not Applicable

Zip Country Zip Country

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

NATIONAL CORPORATE RESEARCH, LTD., INC.  
1406 HAYS STREET, SUITE 2  
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 \_\_\_\_\_ (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, 2000 Min. will be \$750.00**  
**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                     | <input type="checkbox"/> Delete            | TITLE   |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | WIESENMAYER, BARBARA J |  | NAME  |                      |  |
| STREET ADDRESS             | 9 OLDE FARM RD         |  | STREET ADDRESS  |                      |  |
| CITY-ST-ZIP                | OXFORD OH              |  | CITY-ST-ZIP   |                      |  |
| TITLE                      | VPD                    | <input type="checkbox"/> Delete            | TITLE   |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | WIESENMAYER, E C       |  | NAME  |                      |  |
| STREET ADDRESS             | 9 OLDE FARM RD         |  | STREET ADDRESS  |                      |  |
| CITY-ST-ZIP                | OXFORD OH              |  | CITY-ST-ZIP   |                      |  |
| TITLE                      | <del>S</del>           | <input checked="" type="checkbox"/> Delete | TITLE   | <del>Secretary</del> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MATCHETT, CHARLES E    |  | NAME  | Wiesenmayer, E C     |  |
| STREET ADDRESS             | 48 W MANILLA AVE       |  | STREET ADDRESS  | 9 Olde Farm Road     |  |
| CITY-ST-ZIP                | PITTSBURGH PA          |  | CITY-ST-ZIP   | Oxford, OH 45056     |  |
| TITLE                      | T                      | <input type="checkbox"/> Delete            | TITLE   |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | WIESENMAYER, BARBARA J |  | NAME  |                      |  |
| STREET ADDRESS             | 9 OLDE FARM RD         |  | STREET ADDRESS  |                      |  |
| CITY-ST-ZIP                | OXFORD OH              |  | CITY-ST-ZIP   |                      |  |
| TITLE                      |                        | <input type="checkbox"/> Delete            | TITLE   |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                        |  | NAME  |                      |  |
| STREET ADDRESS             |                        |  | STREET ADDRESS  |                      |  |
| CITY-ST-ZIP                |                        |  | CITY-ST-ZIP   |                      |  |
| TITLE                      |                        | <input type="checkbox"/> Delete            | TITLE   |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                        |  | NAME  |                      |  |
| STREET ADDRESS             |                        |  | STREET ADDRESS  |                      |  |
| CITY-ST-ZIP                |                        |  | 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: Barbara J Wiesenmayer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-12-00 (724) 375-6674  
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)