

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90371 036 ***150.00

DOCUMENT # P40760

1. Entity Name

WHITMIRE DISTRIBUTION CORPORATION

Principal Place of Business

Mailing Address

81 BLUE RAVINE ROAD
 FOLSOM CA 95630

5555 GLENDON COURT
 DUBLIN OH 43016
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

68-0158739

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 **PC** ☒ Delete
 NAME **WHITMIRE, MELBURN G.**
 STREET ADDRESS **6190 ROSE COURT**
 CITY-ST-ZIP **ROSEVILLE CA**

TITLE **Treasurer** ☐ Change ☒ Addition
 NAME **Donna Brandin**
 STREET ADDRESS **7000 Cardinal Place**
 CITY-ST-ZIP **Dublin, OH 43017**

TITLE **VC** ☒ Delete
 NAME **KANE, JOHN C**
 STREET ADDRESS **5555 GLENDON COURT**
 CITY-ST-ZIP **DUBLIN OH**

TITLE ☐ Change ☐ Addition
 NAME **7000 Cardinal Place**
 STREET ADDRESS **Dublin, OH 43017**
 CITY-ST-ZIP

TITLE **VC** ☐ Delete
 NAME **WALTER, ROBERT D.**
 STREET ADDRESS **5555 GLENDON COURT**
 CITY-ST-ZIP **DUBLIN OH 43016**

TITLE ☒ Change ☐ Addition
 NAME **7000 Cardinal Place**
 STREET ADDRESS **Dublin, OH 43017**
 CITY-ST-ZIP

TITLE **PC** ☐ Delete
 NAME **MILLAR, JAMES F**
 STREET ADDRESS **5555 GLENDON COURT**
 CITY-ST-ZIP **DUBLIN OH**

TITLE ☒ Change ☐ Addition
 NAME **7000 Cardinal Place**
 STREET ADDRESS **Dublin, OH 43017**
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **MARTIAL, ROBIN L**
 STREET ADDRESS **1741 HAGGIN GROVE WAY**
 CITY-ST-ZIP **CARMICHAEL CA**

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

TITLE **V** ☐ Delete
 NAME **MARTIN, GLENN L**
 STREET ADDRESS **5555 GLENDON CT.**
 CITY-ST-ZIP **DUBLIN OH 43016**

TITLE ☒ Change ☐ Addition
 NAME **7000 Cardinal Place**
 STREET ADDRESS **Dublin, OH 43017**
 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]*

W5 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Glenn L. Martin V.P. Treas. 1-15-01 757-5000