

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90156 042 ***300.00

DOCUMENT # P93000065310

1. Corporation Name

MASSIE TOOL, MOLD & DIE, INC.

Principal Place of Business

501 MOSSIDE BLVD
NORTH VERSAILLES PA 15137
US

Mailing Address

501 MOSSIDE BLVD.
NORTH VERSAILLES PA 15137
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1993

4. FEI Number

54-1683716

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/16/99

12. OFFICERS AND DIRECTORS

TITLE VPCF ☐ DELETE
NAME CONLEY, GREGORY R
STREET ADDRESS 501 MOSSIDE BLVD
CITY-ST-ZIP NORTH VERSAILLES PA 15137

TITLE T ☐ DELETE
NAME REMLEY, WILLIAM L
STREET ADDRESS 1430 BROADWAY, 13TH FLOOR
CITY-ST-ZIP NEW YORK NY

TITLE AS ☐ DELETE
NAME HOFFMAN, RICHARD C
STREET ADDRESS 1430 BROADWAY, 13TH FLOOR
CITY-ST-ZIP NEW YORK NY

TITLE PCEO ☐ DELETE
NAME WEEKS, JOHN R
STREET ADDRESS 501 MOSSIDE BLVD
CITY-ST-ZIP NORTH VERSAILLES PA

TITLE C ☒ DELETE
NAME BORNAK, MICHAEL D
STREET ADDRESS 501 MOSSIDE BLVD.
CITY-ST-ZIP NORTH VERSAILLES PA

TITLE VPOM ☐ DELETE
NAME FARRELL, MICHAEL M
STREET ADDRESS 501 MOSSIDE BLVD.
CITY-ST-ZIP NORTH VERSAILLES PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME DCS
5.3 STREET ADDRESS KRAMER, RICHARD L.
5.4 CITY-ST-ZIP 1430 BROADWAY, 13TH FLOOR

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME NEW YORK, NY
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

3/16/99

Date

(412) 823-2100

Daytime Phone #

CR2E034 (1/98)