

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90075 028 ***150.00

DOCUMENT # P95000034169

1. Entity Name

HANSON PIPE & PRODUCTS SOUTHEAST, INC.

Principal Place of Business

**99 CENTER ROAD
 50 MAIN ST.
 VENICE FL 34284
 US**

Mailing Address

**99 CENTER ROAD
 50 MAIN ST.
 VENICE FL 34284
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1350 Campus Parkway

Suite, Apt. #, etc.

Suite 302

City & State

Neptune, NJ

Zip

07753

Country

USA

4. FEI Number

59-0933403

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRUNO, MICHAEL S JR.	
STREET ADDRESS	50 MAIN ST.	
CITY-ST-ZIP	WHITE PLAINS NY 10606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILSON, HARRISON M	
STREET ADDRESS	50 MAIN ST.	
CITY-ST-ZIP	WHITE PLAINS NY 10606	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BLECHA, JOAN	
STREET ADDRESS	P.O. BOX 2048	
CITY-ST-ZIP	VENICE FL 34284	
TITLE	VSTD	<input checked="" type="checkbox"/> Delete
NAME	CONNELLY, JAMES A.	
STREET ADDRESS	POB 2048	
CITY-ST-ZIP	VENICE FL	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	O'REILLY, PHILLIP A.	
STREET ADDRESS	543 ALEXANDER PALM ROAD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James K. Kitzmiller	
STREET ADDRESS	3500 Maple Ave., Suite 1180	
CITY-ST-ZIP	Dallas, TX 75219-0999	
TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael H. Hyer	
STREET ADDRESS	2680 Bishop Drive, Suite 225	
CITY-ST-ZIP	San Ramon, CA 94583	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joe W. Aldridge	
STREET ADDRESS	3500 Maple Ave., Suite 1180	
CITY-ST-ZIP	Dallas, TX 75219	
TITLE	V/Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jill M. Blundon	
STREET ADDRESS	One Oxford Centre	
CITY-ST-ZIP	Pittsburgh, PA 15219	
TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael J. Donahue	
STREET ADDRESS	1350 Campus Parkway, Suite 302	
CITY-ST-ZIP	Neptune, NJ 07753	
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cecil C. Avery	
STREET ADDRESS	1350 Campus Parkway, Suite 302	
CITY-ST-ZIP	Neptune, NJ 07753	

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: *Cecil C. Avery* **Cecil C. Avery**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/01

Date

732-919-2325

Daytime Phone #

CR2E034 (10/00)