

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90050 008 ***150.00

0574360 AT

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

**1350 CAMPUS PKWY
 SUITE 302
 NEPTUNE NJ 07753
 US**

2. Principal Place of Business

3. Mailing Address

1333 Campus Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Neptune, NJ

4. FEI Number

59-0933403

Applied For

Not Applicable

Zip

Country

Zip

Country

07753

USA

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

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

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, 2002 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 **CD** ☐ Delete
 NAME **KITZMILLER, JAMES K**
 STREET ADDRESS **3500 MAPLE AVE, STE 1180**
 CITY-ST-ZIP **DALLAS TX 75219-0999**

TITLE **Assistant Secretary** ☐ Change ☒ Addition
 NAME **Cecil C. Avery**
 STREET ADDRESS **1333 Campus Parkway**
 CITY-ST-ZIP **Neptune, NJ 07753**

TITLE **VS** ☐ Delete
 NAME **HYER, MICHEA; H**
 STREET ADDRESS **2680 BISHOP DR, STE 225**
 CITY-ST-ZIP **SAN RAMON CA 94583**

TITLE **Assistant Secretary** ☐ Change ☒ Addition
 NAME **James L. Wallman**
 STREET ADDRESS **2680 Bishop Drive, Ste 225**
 CITY-ST-ZIP **San Ramon, CA 94583**

TITLE **PD** ☐ Delete
 NAME **BLECHA, JOAN**
 STREET ADDRESS **P.O. BOX 2048**
 CITY-ST-ZIP **VENICE FL 34284**

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

TITLE **V** ☐ Delete
 NAME **ALDRIDGE, JOWE W**
 STREET ADDRESS **3500 MAPLE AVE, STE 1180**
 CITY-ST-ZIP **DALLAS TX 75219**

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

TITLE **VAS** ☐ Delete
 NAME **BLUNDON, JILL M**
 STREET ADDRESS **ONE OXFORD CENTRE**
 CITY-ST-ZIP **PITTSBURGH PA 15219**

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

TITLE **VT** ☐ Delete
 NAME **DONAHUE, MICHEAL J**
 STREET ADDRESS **1350 CAMPUS PKWY, STE 302**
 CITY-ST-ZIP **NEPTUNE NJ 07753**

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

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 an other like empowered.

SIGNATURE:

Cecil C. Avery

3/1/02

732-919-9777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)