


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90106 009 \*\*\*150.00

**DOCUMENT # 856940**

1. Entity Name  
**NUBRO, INC.**



Principal Place of Business      Mailing Address

**C/O TAX DEPT**      **C/O TAX DEPT**  
**500 ARCH STREET**      **500 ARCH STREET**  
**WILLIAMSPORT, PA 17705**      **WILLIAMSPORT, PA 17705**

**60023018**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

02012007      Chg-P      CR2E034 (12/06)

**6. Name and Address of Current Registered Agent**

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution            **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	LARGEN, JOSEPH D.	
STREET ADDRESS	500 ARCH ST	
CITY-ST-ZIP	WILLIAMSPORT, PA 17701	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	UZUPIS, STEVEN	
STREET ADDRESS	500 ARCH ST	
CITY-ST-ZIP	WILLIAMSPORT, PA 17701	
TITLE	D	<input type="checkbox"/> Delete
NAME	HECHLER, JONATHAN	
STREET ADDRESS	603 WELLINGTON AVE	
CITY-ST-ZIP	SEATTLE, WA 98122	
TITLE	T	<input type="checkbox"/> Delete
NAME	DILL, RICHARD L	
STREET ADDRESS	500 ARCH ST	
CITY-ST-ZIP	WILLIAMSPORT, PA 17705	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

**SIGNATURE:** Richard L Dill      **Richard L Dill, Treasurer**      3-5-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #