

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90136 006 ***150.00

DOCUMENT # 856940

1. Entity Name
NUBRO, INC.

Principal Place of Business

Mailing Address

% BRODART CO.
 500 ARCH STREET
 WILLIAMSPORT PA 17701-7809

% BRODART CO.
 500 ARCH STREET
 WILLIAMSPORT PA 17701-7809

00040795



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

c/o Tax Dept
 Suite, Apt. #, etc.
500 Arch St

c/o Tax Dept.
 Suite, Apt. #, etc.
500 Arch St

City & State
Williamsport, PA
 Zip
17705 Country
USA

City & State
Williamsport, PA
 Zip
17705 Country
USA

4. FEI Number **23-2248267**

Applied For
 Not Applicable

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

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

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 **P** Delete
 NAME **LARGEN, JOSEPH D.**
 STREET ADDRESS **2000 1ST AVE., #2602**
 CITY-ST-ZIP **SEATTLE WA 98199**

TITLE **V** Change Addition
 NAME **Steven Uzupis**
 STREET ADDRESS **500 Arch St**
 CITY-ST-ZIP **Williamsport PA 17705**

TITLE **VT** Delete
 NAME **UZUPIS, STEVEN**
 STREET ADDRESS **R.R. 1, BOX 348B**
 CITY-ST-ZIP **COGAN STATION PA**

TITLE **T** Change Addition
 NAME **RICHARD L DILL**
 STREET ADDRESS **500 Arch St**
 CITY-ST-ZIP **WILLIAMSPORT PA 17705**

TITLE **S** Delete
 NAME **BRODY, DONALD**
 STREET ADDRESS **650 SPRUCE ST.**
 CITY-ST-ZIP **BERKLEY CA**

TITLE **D** Change Addition
 NAME **JONATHAN HECHLER**
 STREET ADDRESS **3 HANOVER SQ #5K**
 CITY-ST-ZIP **NEW YORK NY 10004**

TITLE **D** Delete
 NAME **BRODY, ARTHUR D.**
 STREET ADDRESS **990 HIGHLAND DR., SUITE 100**
 CITY-ST-ZIP **SOLONA BCH. FL**

TITLE **P/D** Change Addition
 NAME **JOSEPH LARGEN**
 STREET ADDRESS **500 ARCH ST**
 CITY-ST-ZIP **WILLIAMSPORT PA 17705**

TITLE **V** Delete
 NAME **BELZER, RICHARD**
 STREET ADDRESS **990 HIGHLAND DR., SUITE 100**
 CITY-ST-ZIP **SOLONA BCH. CA**

TITLE **S** Change Addition
 NAME **DONALD BRODY**
 STREET ADDRESS **c/o SUMIKO 2431 5th ST**
 CITY-ST-ZIP **BERKELEY CA 94710**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **C/D** Change Addition
 NAME **ARTHUR BRODY**
 STREET ADDRESS **990 HIGHLAND DR STE 100**
 CITY-ST-ZIP **SOLANA BEACH CA 92075**

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:

Richard L. Dill
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard L. Dill,
Treasurer

4-17-01

570-336-2461

Date

Daytime Phone #

CR2E034 (10/00)