## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jan 29, 2001 8:00 am Secretary of State **DOCUMENT # F0000002089** THE AMERICAN SEABOARD CO. 01-29-2001 90016 029 \*\*\*150.00 Principal Place of Business Mailing Address 14 ASHLEY PLACE 14 ASHLEY PLACE WILMINGTON DE 19804 WILMINGTON DE 19804 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 51-0205497 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code FL 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE BLAIR, BRIAN S NAME NAME 14 ASHLEY PLACE STREET ADDRESS STREET ADDRESS WILMINGTON DE 19804 CITY-ST-ZIP CITY-ST-ZIP VD ☐ Delete ☐ Addition TITLE Change TITLE GALLO, MICHAEL J NAME NAME STREET ADDRESS 14 ASHLEY PLACE STREET ADDRESS **WILMINGTON DE 19804** CITY-ST-ZIP CITY-ST-ZIP STD-Change ☐ Addition ☐ Delete TITLE TITLE CRESWELL, HOWARD G JR. NAME NAME 14 ASHLEY PLACE STREET ADDRESS STREET ADDRESS WILMINGTON DE 19804 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-61-1

301 571 - 9896

Daytime Phone #

FILED