

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90038 007 ***150.00

DOCUMENT # F94000004353

1. Entity Name

FAGEN'S BUILDING CENTERS, INC.

Principal Place of Business

Mailing Address

PO BOX 658 - 9000 BROOKTREE LANE
 ATTENTION: LIZ AFFUSO
 WEXFORD PA 15090
 US

P.O. BOX 658
 9000 BROOKTREE ROAD
 WEXFORD PA 15090-9255

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

25-1618509

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 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, 2000 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	DCPT	<input type="checkbox"/> Delete
NAME	FAGEN, JACK	
STREET ADDRESS	9000 BROOKTREE ROAD	
CITY-ST-ZIP	WEXFORD PA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PASHEL, GEORGE	
STREET ADDRESS	9000 BROOKTREE ROAD	
CITY-ST-ZIP	WEXFORD PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARDEN, GARVIN	
STREET ADDRESS	9000 BROOKTREE ROAD	
CITY-ST-ZIP	WEXFORD PA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LHORMER, BARRY	
STREET ADDRESS	9000 BROOKTREE ROAD	
CITY-ST-ZIP	WEXFORD PA	
TITLE	S	<input type="checkbox"/> Delete
NAME	VARGO, SAM	
STREET ADDRESS	9000 BROOKTREE ROAD	
CITY-ST-ZIP	WEXFORD PA 15090	
TITLE	V	<input type="checkbox"/> Delete
NAME	MASSAGLIA, LOU	
STREET ADDRESS	9000 BROOKTREE ROAD	
CITY-ST-ZIP	WEXFORD PA 15090	

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

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:

[Handwritten Signature]
 Samuel J. Vargo

February 8, 2000

(724) 935-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2FC34 (9/00)