

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90047 029 ***150.00

DOCUMENT # P08365

1. Entity Name

SLI LIGHTING SOLUTIONS, INC.

Principal Place of Business

Mailing Address

**501 ATKINSON ST
CLAYTON NC 27520
US****PO BOX 900
CLAYTON NC 27520-0900
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-1490835

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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.

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 State10. 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	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	CEO		☐ Delete				☐ Change ☐ Addition
	WARD, FRANK						
	500 CHAPMAN ST						
	CANTON MA 02021						
	T		☐ Delete				☐ Change ☐ Addition
	MANCINI, ROBERT						
	500 CHAPMAN ST						
	CANTON MA 02021						
	VP		☐ Delete				☐ Change ☐ Addition
	HARTMAN, KEITH						
	501 ATKINSON ST						
	CLAYTON NC 27520						
	S		☐ Delete				☐ Change ☐ Addition
	RICHARD PARENTI						
	501 ATKINSON ST						
	CLAYTON NC 27520						
			☐ Delete				☐ Change ☐ Addition
			☐ Delete				☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)