2002 UNIFORM BUSINESS REPORT (UBR)

Sep 08, 2002 8:00 am Secretary of State DOCUMENT # P24360 1. Entity Name 09-08-2002 90128 048 ***550.00 WILLIAMSPORT WIREROPE WORKS, INC. Principal Place of Business Mailing Address 100 MAYNARD ST., 100 MAYNARD ST... WILLIAMSPORT PA.17701 WILLIAMSPORT PA 17701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-2552634 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ----CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City 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 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE TITLE ☐ Addition Delete NAME + SHEEHAN, JOHN E. NAME STREET ADDRESS 1928 CARROLLTON ROAD STREET ADDRESS CITY-ST-ZIP ANNAPOLIS MD 21401 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition TD NAME NAME ORTEL, KATHLEEN STREET ADDRESS STREET ADDRESS 451 WAGGAMON CIR Sceretary Kathleen Ortel 451 wasgamon Circle Annapolis MD 21403 CITY-ST-ZIP ANNAPOLIS, MD, 21403 CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME GYURICH, LOU STREET ADDRESS STREET ADDRESS 305 KELPER LANE CITY-ST-ZIP Johnstown Pa 15909 CITY-ST-ZIP TITLE 💢 Change TITLE ☐ Delete ☐ Addition NAME PROBASCO, VIRGIL NAME 6115 Rose Valley Rd. STREET ADDRESS STREET ADDRESS HC 64 BOX 499 CITY-ST-7IP CITY-ST-ZIP TROUT RUN PA 17771 Dice President ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Williamsono I ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 coord 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 indicated on this sport of the corporation or to changed, or on an atta

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SIGNATURE:

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