

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90132 043 ***550.00

UBR-03 A1

DOCUMENT # 613053

1. Entity Name
BEYER DYNAMIC, INC.

Principal Place of Business
56 CENTRAL AVENUE
FARMINGDALE NY 11735

Mailing Address
56 CENTRAL AVENUE
FARMINGDALE NY 11735



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **11-2488413**

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 S. 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	DC	<input type="checkbox"/> Delete
NAME	BEYER, FRED	
STREET ADDRESS	STAHLBUHL 34	
CITY-ST-ZIP	HEILBRONN, W. GERMANY	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SPRIGGS, JERRY	
STREET ADDRESS	640 PEARCE'S FORD ROAD	
CITY-ST-ZIP	OSWEGO IL 60543	
TITLE	D	<input type="checkbox"/> Delete
NAME	WULLE, CHRISTA	
STREET ADDRESS	43 SAN CARLO	
CITY-ST-ZIP	SAUSALITO CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	BICKEL, DIANE	
STREET ADDRESS	KARL WULLE STRA. 6	
CITY-ST-ZIP	HEILBRONN, GERMANY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/01

631-293-3200

Date

Daytime Phone #

CR2E034 (5/01)