

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90230 025 \*\*\*550.00

0131857 AT

<b>DOCUMENT # 835938</b>			
1. Entity Name <b>WESTFALIA SEPARATOR, INC.</b>			
Principal Place of Business <b>100 FAIRWAY COURT NORTHVALE, NJ 07647</b>		Mailing Address <b>100 FAIRWAY COURT NORTHVALE, NJ 07647</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  <b>UNDERWOOD, ROCKY 4125 LAKELAND COMMERCE PKWY STE 14 LAKELAND FL 33805</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 12, 2001 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>SCHENK, PETER</b> <b>100 FAIRWAY COURT</b> <b>NORTHVALE NJ 07647</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHAIRMAN</b> <b>JUERGEN ARNOLD</b> <b>100 FAIRWAY CT.</b> <b>NORTHVALE NJ 07621</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GREGORY ROBINSON</b> <b>100 FAIRWAY COURT</b> <b>NORTHVALE NJ 07647</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>TREVOR GOULBOURNE</b> <b>100 FAIRWAY COURT</b> <b>NORTHVALE NJ 07647</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MIDDLEMANN, HERMAN</b> <b>100 FAIRWAY COURT</b> <b>NORTHVALE NJ 07647</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ODONNELL, CLEM</b> <b>100 FAIRWAY COURT</b> <b>NORTHVALE NJ 07647</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Trevor A. Goulbourne **TREVOR A. GOULBOURNE** 7/31/01 201-789-6487  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)