

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 844529

1. Entity Name

ESCAST, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90190 031 ***150.00

Principal Place of Business

Mailing Address

ONE TANTALUM PLACE
 ATTN: STATE TAX ADMINISTRATOR
 NORTH CHICAGO IL 60064

ONE TANTALUM PLACE
 ATTN: STATE TAX ADMINISTRATOR
 NORTH CHICAGO IL 60064

00066420



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 36-3038198

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 \$150.00
After MAY 1, 2001 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 DV ☐ Delete
 NAME MCENTEE, R.M.
 STREET ADDRESS ONE TANTALUM PLACE
 CITY-ST-ZIP NORTH CHICAGO IL

TITLE Treasurer ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE AS ☐ Delete
 NAME COMPERNOLLE, R.R.
 STREET ADDRESS ONE TANTALUM PLACE
 CITY-ST-ZIP NORTH CHICAGO IL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE P ☐ Delete
 NAME CHAPMAN, R. T.
 STREET ADDRESS 21 N CHURCH ST.
 CITY-ST-ZIP ADDISON IL 60101

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE I ☐ Delete
 NAME MCKOWEN, G. R.
 STREET ADDRESS 21 N CHURCH ST.
 CITY-ST-ZIP ADDISON IL 60101

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD ☐ Delete
 NAME MOCNIAK, M. J.
 STREET ADDRESS ONE TANTALUM PLACE
 CITY-ST-ZIP NORTH CHICAGO IL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Director ☐ Change ☒ Addition
 NAME G. L. Tessitore
 STREET ADDRESS One Tantalum Place
 CITY-ST-ZIP North Chicago, IL

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:

R M. M. Lta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2001

Date

(847)689-4900

Daytime Phone #

CR2E034 (10/00)