

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 848759

1. Entity Name

MOOG INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90102 044 ***150.00

Principal Place of Business

JAMISON ROAD
ATTN: TAX DEPT.
EAST AURORA NY 14052

Mailing Address

JAMISON ROAD
ATTN: TAX DEPT.
EAST AURORA NY 14052

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **16-0757636**

Applied For
Not Applicable

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, 2000 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

TITLE	VD	<input type="checkbox"/> Delete
NAME	AUBRECHT, RICHARD A	
STREET ADDRESS	SENECA ST & JAMISON RD	
CITY-ST-ZIP	EAST AURORA, N Y 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BANTA, ROBERT R.	
STREET ADDRESS	SENECA ST., & JAMISON RD	
CITY-ST-ZIP	EAST AURORA NY	
TITLE	T	<input type="checkbox"/> Delete
NAME	BURKE, WILLIAM P.	
STREET ADDRESS	SENECA ST & JAMISON RD	
CITY-ST-ZIP	EAST AURORA, N Y 00000	
TITLE	CPD	<input type="checkbox"/> Delete
NAME	BRADY, ROBERT T.	
STREET ADDRESS	SENECA ST & JAMISON RD	
CITY-ST-ZIP	EAST AURORA, N Y 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Delete
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:

William P. Burke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William P. Burke

Date

1/14/00

(716)

687-4200

Daytime Phone #

Treasurer