## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

F00000005522

1. Entity Name

VESUVIUS U S A CORPORATION

		1	/	130					
Principal Place ONE COOKSO PROVIDENCE I	N PLACE	Mailing Address ONE COOKSON PLACE PROVIDENCE RI 02903		•		A CORRIGOR ANN ARANE RANN ARAN BRAN ARAN			)0 (10) 1 <b>80</b> 1
		3. Mailing Address One Cookson	Address Cookson Place			[ ]	N 88N1 88181 84181	<b>4</b> 1111 <b>4</b> 71 <b>4</b>	
Suite, Apt. #, etc. Suite, Apt. #, etc.						▼ CHECK HERE IF MAKING CHANGES			
								-	ied For
City & State	ign, IL	City & State Providence,	RI		4.	37-0893657	-		Applicable
Zip	Country	Zip	Cour	ntry	5.	Certificate of Status Desired	\$8.75		onal
61824	USA	02903	<u> </u>	USA	1	Name and Address of New Regist	Fee He	Juired	
	6. Name and Address of Current Ro	egistered Agent		Name		Name and Address of New Trogis	Cica rigoni		
C T CORPORATION SYSTEM				Street Address (P.O. Box Number is Not Acceptable)					
1200 SOUTH PINE ISLAND ROAD				Street Ac	aress (P.O. E	BOX Number is Not Acceptable)			
PLANTATION FL 33324									
				City			FL Zip	Code	
9 The above	named entity submits this statement for t	the ourpose of changing its	reaiste	l red office or	registered ag	gent, or both, in the State of Florida.	I am familiar	with, ar	nd accept
	ions of registered agent.		J						
SIGNATURE _					1 4 1		DATE		
	Signature, typed or printed name of registered agent an	d title if applicable. (NOI	E: Hegister	eo Agent signatu	re required when t	Tensiany)			
	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00					9. Election Campaign Financi	,		May Be o Fees
Make Check	Payable to Florida Department of	State				Trust Fund Contribution.		Jueu (	o rees
10.	OFFICERS AND D		11.			DDITIONS/CHANGES TO OFFICER			
TITLE-	PD	☑ Delete	TIT			ent/Director . Fishler	☐ Cha	inge	Addition
NAME	REHEMINGROVER, KIM		NAI STE			ewton Drive			
STREET ADDRESS CITY-ST-ZIP	27 NOBLESTOWN CARNEGIE PA 15106		1	Y-ST-ZIP		ign, IL 61824			
TITLE	VD	☐ Delete	TIT	LE		ant Secretary	Ch:	inge	X Addition
NAME	MALHERBE, JEAN-PIERRE		NA.			en Ojeda			
STREET ADDRESS CITY-ST-ZIP	MECHELSESTEENWEG, 455 B1, 1	B-1950		reet address Y-ST-ZIP		okson Place			
TITLE	KRAAINEM, BELGIUM	▼ Delete	TIT		1	ence, RI 02903 ant Treasurer	☐ Cha	ange	Addition
NAME	CD COZZANI, GIAN-CARLOS	A pricto		ME	I	. Doherty			
STREET ADDRESS	MECHELSESTEENWEG, 455 B1,	B-1950		REET ADDRESS	One Cod	okson Place			
CITY-ST-ZIP	KRAAINEM, BELGIUM		_	Y-ST-ZIP	Provide	ence, RI 02903		ange	Addition
TITLE NAME	TD FULLMAN IOUN	☐ Delete	TIT NA	LE ME				go	
STREET ADDRESS	EHLMAN, JOHN 1401 NEWTON DRIVE			REET ADDRESS					
CITY-ST-ZIP	CHAMPAIGH		CIT	Y-ST-ZIP					
TITLE	S SOULE	☐ Delete		LE ME			☐ Ch	ange	☐ Addition
NAME STREET ADDRESS	Satina, Donald   27 Noblestown Road			me Reet address					
CITY-ST-ZIP	CARNEGIE PA 15106		- 1	Y-ST-ZIP					
TITLE	V	<b>∑</b> Delete		'LE			☐ Ch	ange	Addition
NAME	PROVIDENCIA, ORTIZ		NA	ME					

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. (b) Ellen Ojeda, Asst. Secretary SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ONE COOKSON PLACE

PROVIDENCE RI 02903

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Feb 06, 2003 8:00 am Secretary of State

02-06-2003 90059 002 \*\*\*150.00

Daytime Phone #