

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90006 016 ***150.00

CR2E034 (9/01)

DOCUMENT # F00000006204

1. Entity Name
FMI INTERNATIONAL CORP.

Principal Place of Business
**800 FEDERAL BLVD.
 CARTERET NJ 07008**

Mailing Address
**800 FEDERAL BLVD.
 CARTERET NJ 07008**



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

22-3412303

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

**NRAI SERVICES, INC.
 526 EAST PARK AVENUE
 TALLAHASSEE FL 32301**

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, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD DESAYE, ERNEST	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800 FEDERAL BLVD.	NAME	
STREET ADDRESS	CARTERET NJ 07008	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD DESAYE, GREGORY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800 FEDERAL BLVD.	NAME	
STREET ADDRESS	CARTERET NJ 07008	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD DESAYE, JOSEPH	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800 FEDERAL BLVD.	NAME	
STREET ADDRESS	CARTERET NJ 07008	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	ST DESAYE, FILOMENA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800 FEDERAL BLVD.	NAME	
STREET ADDRESS	CARTERET NJ 07008	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD DESAYE, MICHAEL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800 FEDERAL BLVD.	NAME	
STREET ADDRESS	CARTERET NJ 07008	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VTD O'NEILL, ROBERT J	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800 FEDERAL BLVD.	NAME	
STREET ADDRESS	CARTERET NJ 07008	STREET ADDRESS	
CITY-ST-ZIP		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:

[Handwritten Signature]

1-7-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #