

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003118

1. Entity Name
INFILCO DEGREMONT, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90119 034 ***150.00

Principal Place of Business 2924 EMERYWOOD PARKWAY PO BOX 71390 RICHMOND VA 23255-1390	Mailing Address 2924 EMERYWOOD PARKWAY PO BOX 71390 RICHMOND VA 23255-1390
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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 22-2023093	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) **NO FL**

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 NAME STREET ADDRESS CITY-ST-ZIP	PC LUCY, VERNON D III 2924 EMERYWOOD PKWY RICHMOND VA 23294 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDST SITES, HOWARD F 2924 EMERYWOOD PARKWAY RICHMOND VA 23294 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, HARVEY 20275 CLARK GRAHAM BALE D'UFE QU H9X- 3T5 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIONNIE, JOEL 550 KINDERKAMACK RD. ORADELL NJ 07649 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEYRAND, JEAN-FRANCOIS 183 AVENUE DU 18 JUIN 1940 RUEIL-MALMAISON FR <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KREISS, OLMER 183 AVENUE DU 18 JUIN 1940 92508 RUEIL-MALMAISON FRANCE <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BAIE D'URFE QUEBEC H9X-3T5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BARRY WINDSOR 92508 RUEIL-MALMAISON FRANCE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CHRISTIAN MAURIN

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: Howard F. Sites **HOWARD F. SITES** 3/28/00 (801) 756-7657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

F94000003118

930767

INFILCO DEGREMONT, INC.
Attachment to Florida Uniform Business Report (UBR)
List of Additional Directors

Patrice Keime

Director

Bahia de Santa Barbara no 157
Col. Veronica Anzures
C.P. 11300 Mexico DF