

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90001 044 \*\*\*150.00

05/28/01

**DOCUMENT # M03000001950**

1. Entity Name

**BUILDING TECHNOLOGY ENGINEERS OF NORTH AMERICA,**

Principal Place of Business

% EMCOR FACILITIES SERVICES, INC.  
 101 MERRITT SEVEN  
 NORWALK CT 06851

Mailing Address

% EMCOR FACILITIES SERVICES, INC.  
 101 MERRITT SEVEN  
 NORWALK CT 06851

2. Principal Place of Business

**1560 Brookhollow Drive**

Suite, Apt. #, etc.

**Suite 220**

3. Mailing Address

**c/o EMCOR Facilities Services**

Suite, Apt. #, etc.

**101 Merritt Seven**

DO NOT WRITE IN THIS SPACE

City & State

**Santa Ana, CA 92705**

City & State

**Norwalk, CT 06851**

4. FEI Number

**04-3507926**

Applied For

Not Applicable

Zip

**92705**

Country

**USA**

Zip

**06851**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

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

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

TITLE **MGR** ☐ Delete  
 NAME **TURNER, JANA**  
 STREET ADDRESS **5000 BIRCH STREET, SUITE 9000**  
 CITY-ST-ZIP **NEWPORT BEACH CA 92660**

TITLE **MGR** ☐ Delete  
 NAME **RANDOLPH, RICHARD L**  
 STREET ADDRESS **5000 BIRCH STREET, SUITE 9000**  
 CITY-ST-ZIP **NEWPORT BEACH CA 92660**

TITLE **MGR** ☐ Delete  
 NAME **HANSEN, JAMES E II**  
 STREET ADDRESS **5000 BIRCH STREET, SUITE 9000**  
 CITY-ST-ZIP **NEWPORT BEACH CA 92660**

TITLE **MGR** ☐ Delete  
 NAME **FOSTER, TREVOR M**  
 STREET ADDRESS **101 MERRITT SEVEN**  
 CITY-ST-ZIP **NORWALK CT 06851**

TITLE **MGR** ☐ Delete  
 NAME **SHAKER, ANTHONY**  
 STREET ADDRESS **306 NORTHERN AVENUE**  
 CITY-ST-ZIP **BOSTON MA 02205**

TITLE **MGR** ☐ Delete  
 NAME **TRIANO, ANTHONY**  
 STREET ADDRESS **101 MERRITT SEVEN**  
 CITY-ST-ZIP **NORWALK CT 06851**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

*Anthony Triano*

**Anthony Triano, 02/09/01 (203)849-7800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)