

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90495 004 ***150.00

DOCUMENT # P14776

1. Entity Name

SIMMONDS PRECISION PRODUCTS, INC.

Principal Place of Business

P. O. BOX 144
 PANTON RD.
 VERGENNES VT 05491

Mailing Address

2550 WEST TYVOLA ROAD
 TAX DEPT
 CHARLOTTE NC 28217
 US

2. Principal Place of Business

3. Mailing Address

2730 West Tyvola Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tax Dept

City & State

Charlotte NC

4. FEI Number

13-1731661

Applied For

Not Applicable

Zip

Country

Zip

Country

28217

USA

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
 NAME GRISK, JOHN J
 STREET ADDRESS 250 N CLEVELND-MASSILLON
 CITY-ST-ZIP AKRON OH

TITLE Director ☐ Change ☒ Addition
 NAME Alexander C. Schoch
 STREET ADDRESS 2730 W. Tyvola Rd
 CITY-ST-ZIP Charlotte, NC 28217

TITLE C ☒ Delete
 NAME GRISK, JOHN J.
 STREET ADDRESS 250 N CLEVELND-MASSILLON
 CITY-ST-ZIP AKRON OH

TITLE Chairman ☐ Change ☒ Addition
 NAME Michael J. Piscatella
 STREET ADDRESS 2730 W Tyvola Rd
 CITY-ST-ZIP Charlotte, NC 28217

TITLE S ☐ Delete
 NAME WAGNER, KENNETH L
 STREET ADDRESS 2550 W TYVOLA RD
 CITY-ST-ZIP CHARLOTTE NC 28217

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 2730 W Tyvola Rd
 CITY-ST-ZIP CHARLOTTE, NC 28217

TITLE AD ☐ Delete
 NAME KONEY, ROBERT D
 STREET ADDRESS 2550 WEST TYVOLA RD
 CITY-ST-ZIP CHARLOTTE NC 28217

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 2730 W. Tyvola Rd
 CITY-ST-ZIP Charlotte, NC 28217

TITLE T ☐ Delete
 NAME KUECHLE, SCOTT E
 STREET ADDRESS 2550 WEST TYVOLA RD
 CITY-ST-ZIP CHARLOTTE NC 28217

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 2730 W Tyvola Rd
 CITY-ST-ZIP Charlotte, NC 28217

TITLE VPT ☐ Delete
 NAME ANDDINO, JOSEPH F
 STREET ADDRESS 2550 W TYVOLA RD
 CITY-ST-ZIP CHARLOTTE NC 28217

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 2730 W Tyvola Rd
 CITY-ST-ZIP Charlotte, NC 28217

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:

Joseph F Anddino 3/2/01 (704) 423-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

044106