

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90083 037 \*\*\*150.00

**DOCUMENT # P24105**

1. Entity Name

**STERLING FLUID SYSTEMS (USA) INC.**

Principal Place of Business

Mailing Address

2005 DR. ML KING ST.  
 INDIANAPOLIS IN 46206  
 US

C/O TBG SERVICES INC. 565 FIFTH AVE.  
 17TH FL.  
 NEW YORK NY 10017  
 US

**632814**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2005 Dr. M.L. King St.

City & State

City & State

Indianapolis, IN

4. FEI Number

93-0970734

Applied For

Not Applicable

Zip

Country

Zip

Country

46202

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	MASSEY, IAN	2005 DR M L KING JR. STREET	INDIANAPOLIS IN	<input type="checkbox"/>
VD	LEVINE, ROBERT B.	124 S. MARION PLACE	ROCKVILLE CENTRE NY	<input checked="" type="checkbox"/>
ST	MOORE, DAVID A	2005 DR ML KING JR ST	INDIANAPOLIS IN	<input type="checkbox"/>
VDAS	GREEN, STEPHEN	1588 UNION AVE.	HEWLETT NY	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
President	Ian C. Massey	251 N. Illinois St., Ste. 1800	Indianapolis, IN 46204	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vice President	Robert Levine	565 Fifth Ave, 17th Floor	New York, NY 10017	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vice President, CFO, Secretary	David Moore	251 N. Illinois St., Ste 1800	Indianapolis, IN 46204	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assistant Secretary	Stephen Green	565 Fifth Ave, 17th Floor	New York, NY 10017	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Executive Vice President	Peter Andrews	Corinthian Court, 80 Milton Park	Abingdon Oxon OX4 4RY England	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Executive Vice President	Martin Jones	Corinthian Court, 80 Milton Park	Abingdon Oxon OX4 4RY England	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #