

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2001 8:00 am
Secretary of State

0145717 SP

DOCUMENT # P24105

1. Entity Name
STERLING FLUID SYSTEMS (USA) INC.

09-19-2001 90124 034 ***550.00

Principal Place of Business
2005 DR. ML KING ST.
INDIANAPOLIS IN 46206
US

Mailing Address
C/O TBG SERVICES INC. 565 FIFTH AVE.
2005 DR M.L. KING STREET
INDIANAPOLIS IN 46202
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 93-0970734		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

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	

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 _____ (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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 P	MASSEY, IAN 251 N. ILLINOIS STREET SUITE 1800 INDIANAPOLIS IN 46204	<input checked="" type="checkbox"/> Delete	
TITLE VP	LEVINE, ROBERT B. 565 5 AVENUE 17 FLOOR NEW YORK NY 10017	<input type="checkbox"/> Delete	
TITLE VPS	MOORE, DAVID A 251 N ILLINOIS STREET SUITE 1800 INDIANAPOLIS IN 46204	<input checked="" type="checkbox"/> Delete	
TITLE AS	GREEN, STEPHEN 565 5 AVE 17 FLOOR NEW YORK NY 10017	<input type="checkbox"/> Delete	
TITLE EVP	ANDREWS, PETER CORINTHIAN COURT 80 MILTON PARK ABINGDON OXOY, ENGLAND OX-44RY	<input type="checkbox"/> Delete	
TITLE EVP	JONES, MARTIN CORINTHIAN COURT 80 MILTON PARK ABINGDON OXOY, ENGLAND OX-44RY	<input type="checkbox"/> Delete	
TITLE P	DOUGLAS, DEAN 2005 DR. ML KING STREET INDIANAPOLIS, IN 46206	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE VP	Kedroff, Arthur 2005 DR. ML KING STREET INDIANAPOLIS, IN 46206	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 [Signature] **Sept 12, 01** **317 924-7307**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (5/01)