

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90012 038 \*\*\*150.00

DOCUMENT # P27172

1. Corporation Name  
ELLIOTT TURBOMACHINERY CO., INC.

Principal Place of Business  
NORTH FOURTH STREET  
JEANNETTE PA 15644

Mailing Address  
NORTH FOURTH STREET  
JEANNETTE PA 15644

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/06/1989

4. FEI Number  
25-1555755

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☒ DELETE  
NAME SMYI, PAUL R.  
STREET ADDRESS NORTH FOURTH ST.  
CITY-ST-ZIP JEANNETTE PA

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME Y  
1.3 STREET ADDRESS HERMAN PORTER  
1.4 CITY-ST-ZIP NORTH FOURTH ST  
JEANNETTE, PA 15644

TITLE P ☐ DELETE  
NAME ASSARD, DAVID G  
STREET ADDRESS NORTH FOURTH STREET  
CITY-ST-ZIP JEANNETTE PA 15644

2.1 TITLE D/E/P ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VS ☒ DELETE  
NAME FISCHER, KLAUS P.  
STREET ADDRESS NORTH FOURTH ST  
CITY-ST-ZIP JEANNETTE PA

3.1 TITLE W/S ☐ Change ☒ Addition  
3.2 NAME WILLIAM K. COX  
3.3 STREET ADDRESS NORTH FOURTH ST  
3.4 CITY-ST-ZIP JEANNETTE, PA 15644

TITLE V ☐ DELETE  
NAME LAPINA, JOHN J.  
STREET ADDRESS NORTH FOURTH STREET  
CITY-ST-ZIP JEANNETTE PA

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE VD ☒ DELETE  
NAME DICKERT, EUGENE J.  
STREET ADDRESS NORTH FOURTH STREET  
CITY-ST-ZIP JEANNETTE PA

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME ANTONIO CASILLO  
5.3 STREET ADDRESS NORTH FOURTH ST  
5.4 CITY-ST-ZIP JEANNETTE, PA 15644

TITLE T ☐ DELETE  
NAME BRENZIA, JOHN N.  
STREET ADDRESS NORTH FOURTH STREET  
CITY-ST-ZIP JEANNETTE PA

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

4/27/99

724-600-8196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0564735