

## 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91343 030 \*\*\*550.00

DOCUMENT # P27172

1. Entity Name

ELLIOTT TURBOMACHINERY CO., INC.

(NC) LW

Principal Place of Business

NORTH FOURTH STREET  
JEANNETTE PA 15644

Mailing Address

NORTH FOURTH STREET  
JEANNETTE PA 15644

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number 25-1555755

Applied For  
Not Applicable5. Certificate of Status Desired ☐\$0.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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) ☐

FILED WITH FEE OF \$150.00  
 After MAY 1, 2002 Fee will be \$550.00  
 Make Check/Payment to Department of State

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$50.00 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	<input type="checkbox"/> Delete
V	PORTER, HERMAN	NORTH FOURTH STREET	JEANNETTE PA 15644	<input type="checkbox"/>
DTP	ASSARD, DAVID G	NORTH FOURTH STREET	JEANNETTE PA 15644	<input type="checkbox"/>
VS	COX, WILLIAM K	NORTH FOURTH STREET	JEANNETTE PA 15644	<input type="checkbox"/>
V	RILEY, JAMES B	NO. FOURTH ST.	JEANNETTE PA 15644	<input checked="" type="checkbox"/>
V	CASILLO, ANTONIO	NORTH FOURTH STREET	JEANNETTE PA 15644	<input type="checkbox"/>
T	BRENZIA, JOHN N.	NORTH FOURTH STREET	JEANNETTE PA	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
V	VICE PRESIDENT/CFO	ICHIRO ITABASHI	901 NORTH FOURTH ST.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		JEANNETTE, PA 15644		<input type="checkbox"/>	<input type="checkbox"/>
TREASURER	CHARLES T. STEINMETZ	901 NORTH FOURTH ST.	JEANNETTE, PA 15644	<input checked="" type="checkbox"/>	<input 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 507, 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:

*William K. Cox*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM K. COX

5/7/02

724-600-0196

Date

Daytime Phone #