

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 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90286 002 \*1,500.00

**DOCUMENT # P40239**

1. Corporation Name

SIERRA INTERNATIONAL INC.



Principal Place of Business

1 SIERRA PL  
LITCHFIELD IL 62056  
US

Mailing Address

100 DOUBLE BEACH RD  
BRANFORD CT 06405  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1992

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 c/o 4500 Dorr St.

Suite, Apt. #, etc.

27 P.O. Box 1000

City & State

28 Toledo, OH

Zip

29 43697

Country

30 USA

4. FEI Number

36-2643586

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

TITLE P ☒ DELETE

NAME VENTER, PETER

STREET ADDRESS 1 SIERRA PL

CITY-ST-ZIP LITCHFIELD IL

TITLE SVPD ☐ DELETE

NAME LECKERLING, JON P.

STREET ADDRESS 100 DOUBLE BEACH ROAD

CITY-ST-ZIP BRANFORD CT

TITLE VPCF ☒ DELETE

NAME ONORATO, JOSEPH A.

STREET ADDRESS 100 DOUBLE BEACH ROAD

CITY-ST-ZIP BRANFORD CT

TITLE C ☒ DELETE

NAME GURLEY, RICHARD A

STREET ADDRESS 1 SIERRA PLACE

CITY-ST-ZIP LITCHFIELD IL

TITLE P ☒ DELETE

NAME BENDER, JOHN

STREET ADDRESS 1 SIERRA PLACE

CITY-ST-ZIP LITCHFIELD IL 62056

TITLE VPAS ☒ DELETE

NAME TOOLE, EDWARD D

STREET ADDRESS 100 DOUBLE BEACH ROAD

CITY-ST-ZIP BRANFORD CT 06405

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition

1.2 NAME Robert W. Daley

1.3 STREET ADDRESS 175 N. Branford Road

1.4 CITY-ST-ZIP Branford, CT 06405

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Steven E. Keller

3.3 STREET ADDRESS 4500 Dorr St., P.O. Box 1000

3.4 CITY-ST-ZIP Toledo, OH 43697

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME A. Glenn Paton

4.3 STREET ADDRESS 4500 Dorr St., P.O. Box 1000

4.4 CITY-ST-ZIP Toledo, OH 43697

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME VP/D

5.3 STREET ADDRESS Thomas Madden

5.4 CITY-ST-ZIP 100 Double Beach Road

5.5 CITY-ST-ZIP Branford, CT 06405

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME AT

6.3 STREET ADDRESS Christopher J. Czarka

6.4 CITY-ST-ZIP 4500 Dorr St., P.O. Box 1000

6.5 CITY-ST-ZIP Toledo, OH 43697

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:

*Christopher J. Czarka*  
Christopher J. Czarka  
Assistant Treasurer

4/21/99

Date

Daytime Phone #

CR2E034 (11/98)