

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90173 026 ***150.00

DOCUMENT # P40239

1. Entity Name

SIERRA INTERNATIONAL INC.

Principal Place of Business

**1 SIERRA PL
 LITCHFIELD IL 62056
 US**

Mailing Address

**% IMO INDUSTRIES INC
 997 LENOX DR., STE 111
 LAWRENCEVILLE NJ 08648
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-2643586

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	GORDON, KEVIN R	
STREET ADDRESS	630 W GERMANTOWN PIKE #450	
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	CHANCE, STEVEN K	
STREET ADDRESS	630 W GERMANTOWN PIKE #640	
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	O'BRIEN, THOMAS	
STREET ADDRESS	997 LENOX DR., STE 111	
CITY-ST-ZIP	LAWRENCEVILLE NJ 08648	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SUDDARTH, JOHN	
STREET ADDRESS	997 LENOX DR., STE 111	
CITY-ST-ZIP	LAWRENCEVILLE NJ 08648	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	BENISH, TRACI	
STREET ADDRESS	997 LENOX DR., STE 111	
CITY-ST-ZIP	LAWRENCEVILLE NJ 08648	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUBER, HAROLD L JR	
STREET ADDRESS	630 W GERMANTOWN PIKE #450	
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Raymond V. Malpocher	
STREET ADDRESS	640 N. Lewis Road	
CITY-ST-ZIP	Limerick, PA 19468	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Joan W. Schwartz AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	155 S. Limerick Rd	
STREET ADDRESS	Limerick, PA 19468	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/02 610 948-2880

CR2E034 (9/01)