

DOCUMENT # 318375
Entity Name
LANMAN LITHOTECH. INC
Principal Place of Business
44 CORBURN AVE
ORLANDO FL 32805
US

FILED
May 09, 2000 8:00 am
Secretary of State
05-09-2000 90075 014 ***150.00

Principal Place of Business
44 CORBURN AVE
ORLANDO FL 32805
US
3. Mailing Address
44 CORBURN AVE
ORLANDO FL 32805
US
Sulte, Apt. #, etc.
340 PEMBERWICK RD
City & State
GREENWICH, CT
4. FEI Number
59-1215227
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL - 33324
7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ST-ZIP	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/PRESIDENT MARC L. REFSCH 340 PEMBERWICK RD GREENWICH, CT 06831 ☒ Change ☐ Addition
ST-ZIP	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MICHEL P SALBAING 340 PEMBERWICK RD GREENWICH, CT 06831 ☐ Change ☒ Addition
ST-ZIP	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP CHRISTIAN M. PAUPE 612 St. San Jacques West MONTREAL QUEBEC H3C4MB CANADA ☐ Change ☒ Addition
ST-ZIP	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: MICHEL SALBAING 4/24/00 (203)-532-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #