


FILED
Apr 28, 2003 8:00 am
Secretary of State

03-12-2003 90102 010 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

3/1

DOCUMENT # 530583	
1. Entity Name MACHINE PRODUCTS, INC.	

Principal Place of Business 405 N. OCEAN BLVD 1407 C/O THOMAS W. CONSIDINE POMPANO BEACH FL 33062	Mailing Address 405 N. OCEAN BLVD 1407 C/O THOMAS W. CONSIDINE POMPANO BEACH FL 33062
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2. Principal Place of Business Thomas Considine The Wyndham 305 Suite 100 100 Hilton Avenue Garden City NY 11530	3. Mailing Address Thomas Considine The Wyndham 305 Suite 100 100 Hilton Avenue Garden City NY 11530
City & State Garden City NY 11530	City & State Garden City NY 11530
Zip Country	Zip Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1756115		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CONSIDINE, THOMAS W 405 N OCEAN BLVD., APT 1407 POMPANO BCH FL 33062		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100 HILTON AVENUE GARDEN CITY NY 11530 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Thomas W. Considine
Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONSIDINE, THOMAS W. 405 N OCEAN BLVD #1407 POMPANO BCH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MEYER, CHARLES R. 120 HIGHWOOD COURT OYSTER BAY COVE NY	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS W. CONSIDINE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-09-03 1-516-793-8681
Date Daytime Phone #

CR2E034 (10/02)