


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2003 8:00 am**  
**Secretary of State**

03-11-2003 90136 048 \*\*\*150.00

**DOCUMENT # 803601**

1. Entity Name  
**HUSSMANN CORPORATION**



Principal Place of Business  
C/O TAX DEPARTMENT  
12999 ST. CHARLES ROCK RD  
BRIDGETON MO 63044

Mailing Address  
C/O TAX DEPARTMENT  
12999 ST. CHARLES ROCK RD  
BRIDGETON MO 63044

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **43-0156220**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

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

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 \_\_\_\_\_ (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.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDCE</b> <b>MAPP, GORDON</b> <b>14217 MANDERLEIGH WOOD DR</b> <b>TOWN &amp; COUNTRY MO 63017</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPCC</b> <b>KORTE, THOMAS</b> <b>1508 MARINGALE CT</b> <b>SWANSEA IL 62226</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HELLER, RON</b> <b>14 KERSHNER PL</b> <b>FRANKLIN LAKES NJ 07417</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT</b> <b>HONG, PETER</b> <b>789 ONTARIO CT</b> <b>FRANKLIN LAKES NJ 07417</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>RYAN, THOMAS</b> <b>524 EAGLES RIDGE DR</b> <b>WILDWOOD MO 63021</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SCHAEFER, MARK C</b> <b>17713 SUGARBERRY CT</b> <b>CHESTERFIELD MO 63005</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>mAPP, Gordon</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 Giff  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/5/03  
Daytime Phone #: 314-298-6508

114 APR 1 2003

CR2E034 (10/02)