

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90072 048 ***150.00

DOCUMENT # 819265

1. Entity Name
LEWIS REFRIGERATION CO.

Principal Place of Business 200 MAPLEWOOD STREET MALDEN MA 02148	Mailing Address 200 MAPLEWOOD STREET MALDEN MA 02148
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 91-0673306		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
SCRIVEN, LANSING C 2700 BARNETT PLAZA 101 EAST KENNEDY BLVD. TAMPA FL 33601-1102				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

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, 2001 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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCLEOD, S. D.			NAME			
STREET ADDRESS	65 VILLIERS ST.			STREET ADDRESS			
CITY-ST-ZIP	TORONTO ON M5A 3			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SORENSEN, HUGO			NAME			
STREET ADDRESS	3131 HIGHWAY 7 WEST			STREET ADDRESS			
CITY-ST-ZIP	CONCORD ON M5A 3			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARAVI, ANNA			NAME			
STREET ADDRESS	3143 E. FAWNWOOD COVE			STREET ADDRESS			
CITY-ST-ZIP	SANDY UT 84092			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HILL, WAYNE			NAME			
STREET ADDRESS	7 PRINCESS ANNE CRESCENT			STREET ADDRESS			
CITY-ST-ZIP	ETOBICOKE, ONTARIO M9A -2N9			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUSSELL, GUY			NAME			
STREET ADDRESS	1200 CONC.4RR1			STREET ADDRESS			
CITY-ST-ZIP	MISSISSAUGA, ONTARIO L5N -5B1			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: **GUY RUSSELL** Date: **3/19/01** Daytime Phone #: **416-465-7581**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)