

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 823492

1. Entity Name

CURTISS-WRIGHT CORPORATION

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90105 015 \*\*\*150.00

Principal Place of Business

Mailing Address

1200 WALL STREET WEST  
SUITE 501  
LYNDHURST NJ 07071

1200 WALL STREET WEST  
SUITE 501  
LYNDHURST NJ 07071-3680

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-0612970

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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, 2000 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 CP ☒ Delete  
NAME LASKY, DAVID  
STREET ADDRESS 19 HIDDEN LEDGE  
CITY-ST-ZIP ENGLEWOOD NJ

TITLE C ☐ Change ☒ Addition  
NAME MARTIN R. BENANTE  
STREET ADDRESS 1200 WALL STREET WEST  
CITY-ST-ZIP LYNDHURST, NJ 07071

TITLE V ☐ Delete  
NAME NACHMAN, GERALD  
STREET ADDRESS 552 MAITLAND AVE  
CITY-ST-ZIP TEANECK NJ

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME BEWSCHIP, GARY J  
STREET ADDRESS 1200 WALL STREET WEST  
CITY-ST-ZIP LYNDHURST NJ 07071

TITLE ☒ Change ☐ Addition  
NAME BENSCHIP, GARY J.  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME YOHRLING, GEORGE, J  
STREET ADDRESS 904 RAVENGLASS TURN  
CITY-ST-ZIP GASTONIA NC

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☒ Delete  
NAME TAYLOR, DANA M.  
STREET ADDRESS 36 GLENWOOD DRIVE  
CITY-ST-ZIP MONTVILLE NJ

TITLE S ☐ Change ☒ Addition  
NAME BRIAN D. O'NEILL  
STREET ADDRESS 1200 WALL STREET WEST  
CITY-ST-ZIP LYNDHURST, NJ 07071

TITLE V ☐ Delete  
NAME BOSI, ROBERT  
STREET ADDRESS 74 CHEYENNE TRAIL  
CITY-ST-ZIP SPARTA NJ

TITLE ☐ Change ☐ 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:

ROBERT BOSI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(201) 896-8400

Date

Daytime Phone #

CR2E034 (9/99)