

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 827270

1. Entity Name

FCI USA, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90035 018 ***150.00

Principal Place of Business

Mailing Address

WALLS DRIVE, SUITE 304
P.O. BOX 320599
CT 06432-0599

55 WALLS DRIVE, SUITE 304
P.O. BOX 320599
FAIRFIELD CT 06432-0599

2. Principal Place of Business

825 Old Trail Road
Suite, Apt. #, etc.

3. Mailing Address

825 Old Trail Road
Suite, Apt. #, etc.

City & State

Etters, PA

Zip
17319

Country
USA

City & State

Etters, PA

Zip
17319

Country
USA

4. FEI Number

06-0669929

Applied For

Not Applicable

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

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

TITLE	VS	☐ Delete
NAME	STEPS, B. JILL	
STREET ADDRESS	6 MULBERRY ST.	
CITY-ST-ZIP	RIDGEFIELD CT	
TITLE	VD	☐ Delete
NAME	CUILHE, MICHEL	
STREET ADDRESS	14 RUE DE BEAUREGARD	
CITY-ST-ZIP	78430 LOUVE CIENNES FR	
TITLE	PD	☐ Delete
NAME	MAYO, JOHN R	
STREET ADDRESS	41 SPRUCE LANE	
CITY-ST-ZIP	AUBURN NH	
TITLE	VCFO	☐ Delete
NAME	PELTZ, ALAN H.	
STREET ADDRESS	15 MORNING GLORY LANE	
CITY-ST-ZIP	EASTON CT	
TITLE	D	☐ Delete
NAME	MICHEL SAFIR	
STREET ADDRESS	145/147 RUE YVES LE COZ	
CITY-ST-ZIP	78000 VERSAILLES FR	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Secretary	☒ Change ☐ Addition
NAME	Steps, B. Jill	
STREET ADDRESS	825 Old Trail Rd	
CITY-ST-ZIP	Etters, PA 17319	
TITLE	Director/Senior VP	☒ Change ☐ Addition
NAME	Cuilhe, Michel	
STREET ADDRESS	825 Old Trail Road	
CITY-ST-ZIP	Etters, PA 17319	
TITLE	President/Director	☒ Change ☐ Addition
NAME	Mayo, John R	
STREET ADDRESS	101 E. Industrial Park Dr	
CITY-ST-ZIP	Manchester, NH 03103	
TITLE	Chairman of Bd./CEO	☒ Change ☐ Addition
NAME	Peltz, Alan H.	
STREET ADDRESS	825 Old Trail Rd	
CITY-ST-ZIP	Etters, PA 17319	
TITLE	Director	☐ Change ☒ Addition
NAME	Brice, Benard	
STREET ADDRESS	La Defense 6	
CITY-ST-ZIP	Paris, France 92084	
TITLE	Director	☐ Change ☒ Addition
NAME	Lehmann, Gilbert	
STREET ADDRESS	La Defense 6	
CITY-ST-ZIP	Paris, France 92084	

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:

Signature of Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-00

Date

717-938-7572

Daytime Phone #

CR2E034 (9/99)