

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90252 022 ***150.00

DOCUMENT # 829244

1. Entity Name
TETLEY USA INC.

Principal Place of Business

**100 COMMERCE DRIVE
 SHELTON CT 06484**

Mailing Address

**100 COMMERCE DRIVE
 SHELTON CT 06484**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-2732225**

Applied For

Not Applicable

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

**UNITED STATES CORPORATION COMPANY
 1201 HAYES ST.
 STE. 105
 TALLAHASSEE FL 32301**

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, 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 ☐ Delete
 NAME ~~POLO~~
~~MCCARTHY, CHARLES V~~
 STREET ADDRESS **100 COMMERCE DR, PO BOX 856**
 CITY-ST-ZIP **SHELTON CT 06484**

TITLE ☐ Change ☐ Addition
 NAME **President**
Brian L. Gustaitis
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME ~~VS~~
~~POLAN, LISA G~~
 STREET ADDRESS ~~100 COMMERCE DR, PO BOX 856~~
 CITY-ST-ZIP ~~SHELTON CT 06484~~

TITLE ☐ Change ☐ Addition
 NAME **Secretary**
John M. Petrizzo
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME ~~VPC~~
JOHN M. PETRIZZO
 STREET ADDRESS **100 COMMERCE DR., PO BOX 856**
 CITY-ST-ZIP **SHELTON CT**

TITLE ☐ Change ☐ Addition
 NAME **Senior V.P. & CFO**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. Petrizzo 1/18/01 203-929-9200

Date

Daytime Phone #

CR2E034 (10/00)