

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 830164

1. Entity Name

GAB ROBINS NORTH AMERICA, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90073 008 ***150.00

80044022



DO NOT WRITE IN THIS SPACE

Principal Place of Business 9 CAMPUS DRIVE PARSIPPANY NJ 07054 US		Mailing Address P.O. BOX 316 STE 7 PARSIPPANY NY 07054-0316 US	
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	13-2747054	Applied For	☐
		Not Applicable	☐

5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required
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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 _____ (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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ANTHONY M. CZURA 175 COMMANCHE DR OCEANPORT NJ 07757 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. CEO, DIR JOSEPH M. ZUBRETSKY 200 RIVERSIDE BLVD. NEW YORK, NY 10029 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT FERUGHELI, PAUL J 31 CARSON ROAD BUDD LAKE NJ 07828 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER BARRY BELFER 180 LORRAINE DRIVE BERKELEY HEIGHTS, NJ 07722 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD DAVID W. J. MCGIRR 33 PHEASANT LANE GREENWICH CT 06830 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONTROLLER WILLIAM C. TOPE 14 SAWYERS PARK DR. GOSHEN, NY 10924 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPC BIREN, MELISSA H 31 OLD FARMSTEAD ROAD CHESTER NJ 07930 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUP. SECRETARY THOMAS A. JACKSON 17 HAWTHORNE COURT MORRISTOWN, NJ 07960 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCD DARDEN, JOHN F. 9 CAMPUS DRIVE PARSIPPANY NJ ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR THOMAS BROCCOLETTI 553 GREEN POND ROAD ROCKAWAY, NJ 07866 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC BOURES, ANTHONY 23 DEER PATH NESCHANIC NJ 08853 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ Date: 4/23/01 Daytime Phone #: (978) 993-3400

CR2E034 (10/00)