

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 841522

1. Corporation Name
LEEDS & NORTHRUP COMPANY

Principal Place of Business

1 HIGH RIDGE PARK
P.O. BOX 10010
STAMFORD CT 06904
US

Mailing Address

1 HIGH RIDGE PARK
P.O. BOX 10010
STAMFORD CT 06904
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 P.O. BOX 3301

Suite, Apt. #, etc.

27 City & State

28 Muskegon, MI

29 Zip

49443

30 Country

USA

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO ☒ DELETE
NAME MARTIN, TERENCE D
STREET ADDRESS HIGH RIDGE PARK
CITY-ST-ZIP STAMFORD CT

TITLE TASC ☒ DELETE
NAME MORTIMER, TERRY
STREET ADDRESS HIGH RIDGE PARK
CITY-ST-ZIP STAMFORD CT

TITLE S ☒ DELETE
NAME BOBER, JOANNE C
STREET ADDRESS 1 HIGH RIDGE PARK
CITY-ST-ZIP STAMFORD CT 06904

TITLE AT ☒ DELETE
NAME DOHERTY, JAMES H
STREET ADDRESS 1 HIGH RIDGE PK
CITY-ST-ZIP STAMFORD CT

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/Director ☐ Change ☒ Addition
1.2 NAME Arthur R. Cross
1.3 STREET ADDRESS 700 Terrace Point Drive
1.4 CITY-ST-ZIP Muskegon, MI 49443

2.1 TITLE Secretary/Director ☐ Change ☒ Addition
2.2 NAME Christopher J. Kearney
2.3 STREET ADDRESS 700 Terrace Point Drive
2.4 CITY-ST-ZIP Muskegon, MI 49443

3.1 TITLE Director ☐ Change ☒ Addition
3.2 NAME Patrick J. O'Leary
3.3 STREET ADDRESS 700 Terrace Point Drive
3.4 CITY-ST-ZIP Muskegon, MI 49443

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Christopher J. Kearney/Secretary 2/16/99 (616) 7245000

Date

Daytime Phone #

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90034 041 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1978

4. FEI Number

23-0795860

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

CR2E034 (1/198)

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