

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 852120

(5)

1. Corporation Name

U-Z ENGINEERED PRODUCTS INC.

Principal Place of Business

CORPORATION TRUST CENTER
1209 ORANGE STREET
WILMINGTON DE 19801

Mailing Address

CORPORATION TRUST CENTER
1209 ORANGE STREET
WILMINGTON DE 19801

FILED

95 MAY -1 PH 2: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9000001481239
-05/09/95--01108--007
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1982

3a. Date of Last Report

04/22/1994

4. FEI Number

51-0262794

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

7. This corporation has liability for intangible tax under § 190.002
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 ZIP

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 ZIP

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 of Current Registered Agent (Required when agent is changed)

Signature of New Registered Agent (Required when agent is changed)

Date

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BARBERA, J.A.
STREET ADDRESS	1209 ORANGE STREET
CITY, ST, ZIP	WILMINGTON DE
TITLE	VTD
NAME	HORNE, A.M.
STREET ADDRESS	1209 ORANGE STREET
CITY, ST, ZIP	WILMINGTON DE
TITLE	SVD
NAME	LUTTHANS, KIM E.
STREET ADDRESS	1209 ORANGE STREET
CITY, ST, ZIP	WILMINGTON DE
TITLE	PD
NAME	FERRUCCI, M.A.
STREET ADDRESS	1209 ORANGE ST.
CITY, ST, ZIP	WILMINGTON DE
TITLE	VAS
NAME	WILLIAMS, M. L.
STREET ADDRESS	1209 ORANGE STREET
CITY, ST, ZIP	WILMINGTON DE
TITLE	VPS
NAME	DENNY, C.M.
STREET ADDRESS	1209 ORANGE ST.
CITY, ST, ZIP	WILMINGTON DE

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.076(9)(b), Florida Statutes. I further certify that the information included 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 180, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

M.A. Ferrucci

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. A. FERRUCCI

4/24/95

Date

Signature of Agent