

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 856806

1. Entity Name

SANDVIK SORTING SYSTEMS, INC.

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90014 028 \*\*\*150.00

Principal Place of Business

Mailing Address

500 EAST BURNETT  
P.O. BOX 17167  
LOUISVILLE KY 40217

500 EAST BURNETT  
P.O. BOX 17167  
LOUISVILLE KY 40217-0167

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **61-0517980**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME MAIER, WALTER  
STREET ADDRESS 500 E BURNETT  
CITY-ST-ZIP LOUISVILLE KY ☒ Delete

TITLE ST  
NAME BARRY, THOMAS C., JR.  
STREET ADDRESS 500 EAST BURNETT  
CITY-ST-ZIP LOUISVILLE KY ☒ Delete

TITLE D  
NAME GIANCARLO TAZZOLI  
STREET ADDRESS VIALE TICINO 2  
CITY-ST-ZIP MONATE POZZOLO IT 12101 ☒ Delete

TITLE D  
NAME LINDHOLM, SVANTE  
STREET ADDRESS 500 E BURNETT AVE  
CITY-ST-ZIP LOUISVILLE KY 40217 ☐ Delete

TITLE T  
NAME HODGEN, PAUL  
STREET ADDRESS 500 E BURNETT AVE  
CITY-ST-ZIP LOUISVILLE KY 40217 ☐ Delete

TITLE SVP  
NAME BARRY, THOMAS  
STREET ADDRESS 500 E BURNETT AVENUE  
CITY-ST-ZIP LOUISVILLE KY 40217 ☒ Delete

TITLE P/D  
NAME Thomas C. Barry Jr.  
STREET ADDRESS 500 East Burnett Ave  
CITY-ST-ZIP Louisville, Ky 40217 ☐ Change ☒ Addition

TITLE V/S/D  
NAME Edward Ydoate  
STREET ADDRESS 500 East Burnett Ave.  
CITY-ST-ZIP Louisville, Ky 40217 ☐ Change ☒ Addition

TITLE V  
NAME Chris Gatz  
STREET ADDRESS 500 E. Burnett Ave  
CITY-ST-ZIP Louisville, Ky 40217 ☐ Change ☒ Addition

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

TITLE T/D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

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:

*Thomas C. Barry Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-00

502-636-1414

Date

Daytime Phone #

CR2E034 (9/99)