

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000000112

1. Entity Name

SLI LIGHTING PRODUCTS, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90347 028 ***150.00

Principal Place of Business

6600 NORTH ANDREWS AVE., SUITE 240
FT. LAUDERDALE FL 33309

Mailing Address

6600 NORTH ANDREWS AVE., SUITE 240
FT. LAUDERDALE FL 33309

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 47-0708390

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

City

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 re-registering)

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 X**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 DCEO ☐ Delete
NAME WARD, FRANK M
STREET ADDRESS 500 CHAPMAN STREET
CITY- ST- ZIP CANTON MA 02021TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE P ☐ Delete
NAME PIETRI, CARLOS
STREET ADDRESS 6600 NORTH ANDREWS AVE., SUITE 240
CITY- ST- ZIP FT. LAUDERDALE FL 33309TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE S ☐ Delete
NAME PARENTI, RICHARD F
STREET ADDRESS 3100 WEST HIGGINS ROAD, SUITE 190
CITY- ST- ZIP HOFFMAN ESTATES IL 60195TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE T ☐ Delete
NAME MANCINI, ROBERT
STREET ADDRESS 500 CHAPMAN STREET
CITY- ST- ZIP CANTON MA 02021TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE ☐ 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

04/20/01 (954) 776-1606

Date

Daytime Phone #

CR2E034 (10/00)