

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State
 02-21-2002 90068 023 ***150.00

0610007 AT

DOCUMENT # F00000007099

1. Entity Name
PFEIFFER OF AMERICA, INC.

Principal Place of Business
**12 ROSZEL ROAD, SUITE C 104
 PRINCETON NJ 08540**

Mailing Address
**12 ROSZEL ROAD, SUITE C 104
 PRINCETON NJ 08540**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
22-3338534

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

**AMSTER, ED
 15751 SW 41ST ST., SUITE 300
 DAVIE FL 33331**

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, 2002 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 ☐ Delete
 NAME **CP**
 STREET ADDRESS **SCHUTZ, HANS-JOSEF**
 CITY-ST-ZIP **OESCHLESTRASSE 124-126, 78315 RADOLFZELL-BOHRINGEN, GERMANY**

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

TITLE ☐ Delete
 NAME **DS**
 STREET ADDRESS **HAGGE, STEPHEN J**
 CITY-ST-ZIP **475 WEST TERRA COTTA AVENUE, SUITE E CRYSTAL LAKE IL 60014**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PFEIFFER, PETER**
 CITY-ST-ZIP **OESCHLESTRASSE 124-126, 78315 RADOLFZELL-BOHRINGEN, GERMANY**

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

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **SICA, RICHARD**
 CITY-ST-ZIP **12 ROSZEL ROAD, SUITE C 104 PRINCETON NJ 08540**

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **CHAVERAIT, PIERRE**
 CITY-ST-ZIP **OESCHLESTRASSE 124-126, 78315 RADOLFZELL BOHRINGEN, GERMANY**

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

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **ANTONIO, CINDY D**
 CITY-ST-ZIP **12 ROSZEL RD., SUITE C-104 PRINCETON NJ 08540**

TITLE ☐ 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

Date Daytime Phone #

2-7-02 609-981-0223
x13

CR2E034 (9/01)