

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90020 014 ***150.00

DOCUMENT # F01000006037

1. Entity Name
PORTEX, INC.

Principal Place of Business

**10 BOWMAN DRIVE
 KEENE, NH 03431**

Mailing Address

**10 BOWMAN DRIVE
 KEENE, NH 03431**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Keene, NH

City & State

Keene, NH

Zip

Country

Zip

Country

4. FEI Number

95-3974847

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BROAD, DONALD A.R.	
STREET ADDRESS	765 FINCHLEY ROAD	
CITY-ST-ZIP	LONDON NW11 8DS, UK	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MALCOLM, J.C. CARLISLE	
STREET ADDRESS	765 FINCHLEY ROAD	
CITY-ST-ZIP	LONDON NW11 8DS, UK	
TITLE	CD	<input type="checkbox"/> Delete
NAME	KINET, LAWRENCE N.H.	
STREET ADDRESS	765 FINCHLEY ROAD	
CITY-ST-ZIP	LONDON NW11 8DS, UK	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOXEN, EDWARD J	
STREET ADDRESS	10 BOWMAN DRIVE	
CITY-ST-ZIP	KEENE NH 03431	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SPIELMAN, JEFFREY R	
STREET ADDRESS	10 BOWMAN DRIVE	
CITY-ST-ZIP	KEENE NH 03431	
TITLE	V	<input type="checkbox"/> Delete
NAME	WESTRA, THOMAS	
STREET ADDRESS	10 BOWMAN DRIVE	
CITY-ST-ZIP	KEENE NH 03431	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eagle, Richard J.	
STREET ADDRESS	10 Bowman Drive	
CITY-ST-ZIP	Keene, NH 03431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 exemption.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)