

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000001523

1. Entity Name

SERMATECH ENGINEERING GROUP, INC.

Principal Place of Business

Mailing Address

C/O TELEFLEX INC.
155 S. LIMERICK ROAD
LIMERICK PA 19468

C/O TELEFLEX INC.
155 S. LIMERICK ROAD
LIMERICK PA 19468-1603

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 23-2712903

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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	D	<input type="checkbox"/> Delete
NAME	CARRIKER, ROY C	
STREET ADDRESS	630 WEST GERMANTOWN PIKE, SUITE 450	
CITY-ST-ZIP	PLYMOUTH MEETING PA	
TITLE	VS	<input type="checkbox"/> Delete
NAME	CHANCE, STEVEN K	
STREET ADDRESS	630 WEST GERMANTOWN PIKE, SUITE 450	
CITY-ST-ZIP	PLYMOUTH MEETING PA	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	ZUBER, HAROLD L	
STREET ADDRESS	630 WEST GERMANTOWN PIKE, SUITE 450	
CITY-ST-ZIP	PLYMOUTH MEETING PA	
TITLE	P	<input type="checkbox"/> Delete
NAME	KUNDAHL, FRANK L	
STREET ADDRESS	280 ADAMS ST	
CITY-ST-ZIP	MANCHESTER CT	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ZEARFOSS, HERBERT K	
STREET ADDRESS	155 S. LIMERICK ROAD	
CITY-ST-ZIP	LIMERICK PA 19468	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNG, MICHAEL W	
STREET ADDRESS	630 W GERMANTOWN PIKE	
CITY-ST-ZIP	PLYMOUTH MEETING PA	

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	
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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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HERBERT K. ZEAREFOSS
ASSISTANT SECRETARY

1/14/2000
Date

610-948-5100
Daytime Phone #

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90068 022 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)