

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000002065

1. Entity Name

FEDDERS INTERNATIONAL, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90143 031 ***150.00

Principal Place of Business

505 MARTINSVILLE RD
PO BOX 813
LIBERTY CORNER NJ 07938
US

Mailing Address

505 MARTINSVILLE RD
PO BOX 813
LIBERTY CORNER NJ 07938-0813
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-2860323

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

THE PRENTICE HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
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 NAME STREET ADDRESS CITY-ST-ZIP	P NAHAI, GARY 505 MARTINSVILLE RD LIBERTY CORNER NJ 07938	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HANSEN, KENT E 505 MARTINSVILLE RD LIBERTY CORNER NJ	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAURENT, ROBERT JR. 505 MARTINSVILLE RD LIBERTY CORNER NJ 07938	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BRUNO, JORDAN L 505 MARTINSVILLE RD LIBERTY CORNER NJ 07938	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GIORDANO, SALVATORE 505 MARTINSVILLE RD LIBERTY CORNER NJ 07938	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIORDANO, SALVATORE JR. 505 MARTINSVILLE RD LIBERTY CORNER NJ 07938	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DIRECTOR KENT E. HANSEN 505 MARTINSVILLE RD LIBERTY CORNER, NJ 07938	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VICE PRESIDENT, FINANCE & CFO MICHAEL GIORDANO 505 MARTINSVILLE RD LIBERTY CORNER, NJ 07938	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TREASURER NANCY DIGIANNI 505 MARTINSVILLE RD LIBERTY CORNER, NJ 07938	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CHAIRMAN/CEO MICHAEL B. ETTER 505 MARTINSVILLE ROAD LIBERTY CORNER, NJ 07938	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/2000 (908) 604-8686