2002 UNIFORM BUSINESS REPORT (UBR)

F93000003489 DOCUMENT

Country

1. Entity Name

GEHR INDUSTRIES, INC.

Principal Place of Business

7400 EAST SLAUSON AVENUE COMMERCE CA 90040

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

- Mailing Address

3. Mailing Address

City & State

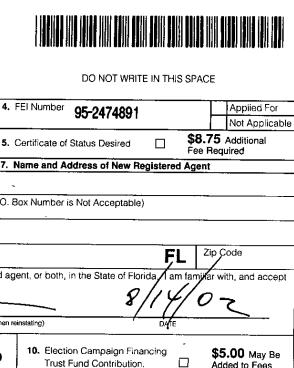
Suite, Apt. #, etc.

7400 EAST SLAUSON AVENUE

COMMERCE CA 90040

FILED Sep 16, 2002 8:00 am Secretary of State

09-16-2002 90102 024 ***150.00



Zip .º		Country	PT.	Zip	Country	5.	. Certificate of Status Desired	\$8.75 Ad	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent			
C'T CORPORATION SYSTEM						Name			
1200 SOUTH PINE ISLAND ROAD					Street A	Street Address (P.O. Box Number is Not Acceptable)			
	ION FL 333					***			
FLANTA	ION FL 333	24							
					City	•		FL Zip Cod	е
8. The above the obligat	named entity tions of regist	/ submits this s ered agent.	tatement for t	he purpose of changing its	registered office o	r registered a	agent, or both, in the State of Florida	am familiar with,	and accept
SIGNATURE .						· · · · · ·		// - <	
	Signature, typed	or printed name of re	gistered agent and	title if applicable. (NOTE	: Registered Agent signati	ure required when	n reinstating) D	ATE	
Tax filing		ble to satisfy its and elects to do		FILE NOW!! After September 13, Make Check Payab		e \$750.00	10. Election Campaign Financing Trust Fund Contribution.	· _ \\	0 May Be I to Fees
11.	···	OFFIC	CERS AND D	IRECTORS	12.	А	DDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		RBERT F SLAUSON / DE CA 90040	AVENUE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		AL, CARL SLAUSON A E CA 90040	AVENUE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LIESCHITZ 7400 EAST COMMERC	SHERATON	AVENUE	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition

13. I hereby certify that the information supplied with this filling 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 RECOVE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)



Affachment

September 11, 2002

Florida Department of State Divisions of Corporations ____ Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500 Re: Uniform Business Report 2002, Dockment #F93000003489

Dear Sir or Madam:

Please find enclosed the executed copy of the 2002. Uniform Business Report and a check for \$150.00. We never received the original form for filing and therefore we respectfully request that you waive the late-filing assessment of \$550.

Should you require additional information, please do not hesitate to contact me at 1-800-688-6606 extension 3350 or via email at DavidL@gehr.com:

Sincerely,

David Lifschitz

Vice President, Finance