

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 27, 2002 8:00 am**  
**Secretary of State**

08-27-2002 90114 022 \*\*\*550.00

**DOCUMENT # F93000004586**

1. Entity Name  
**DENISON HYDRAULICS, INC.**

Principal Place of Business  
**14249 INDUSTRIAL PARKWAY**  
**MARYSVILLE OH 43040**

Mailing Address  
**14249 INDUSTRIAL PARKWAY**  
**MARYSVILLE OH 43040**

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 **76-0085919**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **CD KEITH, COLIN** ☐ Delete  
 STREET ADDRESS **767 THIRD AVENUE**  
 CITY-ST-ZIP **NEW YORK NY 10017**

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

TITLE  
 NAME **PT WEIR, DAVID L** ☐ Delete  
 STREET ADDRESS **14249 INDUSTRIAL PARKWAY**  
 CITY-ST-ZIP **MARYSVILLE OH**

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

TITLE  
 NAME **D BRAG, ANDRES** ☐ Delete  
 STREET ADDRESS **650 MADISON AVE**  
 CITY-ST-ZIP **NEW YORK NY 10022**

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

TITLE  
 NAME **S NOYD, JOHN S** ☒ Delete  
 STREET ADDRESS **14249 INDUSTRIAL PARKWAY**  
 CITY-ST-ZIP **MARYSVILLE OH 43040**

TITLE  
 NAME **S SMITH, BRUCE A** ☒ Change ☐ Addition  
 STREET ADDRESS **14249 INDUSTRIAL PARKWAY**  
 CITY-ST-ZIP **MARYSVILLE, OH 43040**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 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: **BRUCE A. SMITH** (BRUCE A. SMITH) **Secretary** **8/15/2002** **644-4437**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)