

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005647

1. Entity Name

HOWMET SALES AND SERVICES, INC.

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90101 034 \*\*\*150.00

Principal Place of Business

Mailing Address

475 STEAMBOAT ROAD  
GREENWICH CT 06836

475 STEAMBOAT ROAD  
GREENWICH CT 06830-7144

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 **06-1153071**

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

**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.

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	PD	<input type="checkbox"/> Delete
NAME	SQUIER, DAVID L	
STREET ADDRESS	56 LAUREL ROAD	
CITY-ST-ZIP	NEW CANAAN CT 06840	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RITTER, JOHN C	
STREET ADDRESS	190 BEAGLING HILL CIR	
CITY-ST-ZIP	FAIRFIELD CT	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	PAUL, ROLAND A	
STREET ADDRESS	8 ELLERY LANE	
CITY-ST-ZIP	WESTPORT CT 06880	
TITLE	TAS	<input type="checkbox"/> Delete
NAME	IVANOW, NICHOLAS	
STREET ADDRESS	48 W 300 S #2101	
CITY-ST-ZIP	SALT LAKE CITY UT 84101	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BOAK, JEFFREY L	
STREET ADDRESS	7 ELLIOT LN	
CITY-ST-ZIP	WESTPORT CT	
TITLE	ATAS	<input type="checkbox"/> Delete
NAME	GWYDIR, RAYMOND J	
STREET ADDRESS	319 LINDEN ST	
CITY-ST-ZIP	BELLMORE NY	

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	
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:

*Raymond J. Gwydir*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Raymond J. Gwydir Assistant Treasurer

4-14-00

Date

203-625-8802

Daytime Phone #