

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000413

1. Entity Name

LOTEPRO CORPORATION

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90002 016 \*\*\*150.00

Principal Place of Business MOUNT PLEASANT CORPORATE CENTER 115 STEVENS AVENUE VALHALLA NY 10595	Mailing Address MOUNT PLEASANT CORPORATE CENTER 115 STEVENS AVENUE VALHALLA NY 10595-1252
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8522 East 61st Street	3. Mailing Address 8522 East 61st Street
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State Tulsa, OK	City & State Tulsa, OK
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4. FEI Number 13-1962354

Applied For  
Not Applicable

Zip 74133-1923	Country	Zip 74133-1923	Country
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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 NAME STREET ADDRESS CITY-ST-ZIP	C DÖRNER, ARMIN LINDE AG, TVT DIVISION, D-8023 HOELLRIEGELSKREUTH, GERMANY	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Habicht, Franz Linde AG, VA Division D-8023 Hoellriegelskreuth, Germany	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLONI, DR. ALDO LINDE AG, TVT DIVISION, D-8023 HOELLRIEGELSKREUTH, GERMANY	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KISTENMACHER, DR HANS LOTEPRO CORPORATION, 115 STEVENS AVE VALHALLA NY	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Kistenmacher, Dr. Hans 8522 East 61st Street Tulsa, OK 74133-1923	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST DURIE, WILLIAM LOTEPRO CORPORATION, 115 STEVENS AVE VALHALLA NY	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST KAERLE, JOHN LOTEPRO CORPORATION, 115 STEVENS AVE VALHALLA NY	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST Schmeige, David 8522 East 61st Street Tulsa, OK 74133-1923	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wege, Ulrich Linde AG, VA Division, D-8023 Hoellriegelskreuth, Germany	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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

1/10/00

Date

914-747-3500

Daytime Phone #

CR2E034 (9/99)