

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000736

1. Entity Name

FAG BEARINGS CORPORATION

Principal Place of Business

200 PARK AVENUE  
DANBURY CT 06813

Mailing Address

P.O. BOX 1931  
DANBURY CT 06813-1931

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 06-1345693

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

CT 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, 2001 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	P	<input type="checkbox"/> Delete
NAME	KUETEMEIER, DIETER	
STREET ADDRESS	146 MILL ROAD	
CITY-ST-ZIP	STAMFORD CT 06903	
TITLE	TAS	<input type="checkbox"/> Delete
NAME	DITOMASO, GINO	
STREET ADDRESS	271 SHELTER ROCK ROAD	
CITY-ST-ZIP	STAMFORD CT 06903	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOOS, UWE DR.	
STREET ADDRESS	HAUPTMANNSTREUTE 122	
CITY-ST-ZIP	70193 STUTTGART, GERMANY	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCCLASKEY, JOHN	
STREET ADDRESS	228 RIVER DRIVE	
CITY-ST-ZIP	SOUTHPORT NC 28461	
TITLE	D	<input type="checkbox"/> Delete
NAME	HICKEY, LARRY	
STREET ADDRESS	8458 CEDAR DRIVE	
CITY-ST-ZIP	JOPLIN MO 64804	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'BRIAN, BRIAN III	
STREET ADDRESS	1250 CREST DRIVE	
CITY-ST-ZIP	JOPLIN MO 64801	

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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gino Di Tomaso

Date

4/25/01

Daytime Phone #

203 830 8208

FILED  
May 16, 2001 8:00 am  
Secretary of State

05-16-2001 90184 016 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)