

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F94000004568**

1. Entity Name

BIRD COMPONENT PRODUCTS, INC.

Principal Place of Business

**30303 AURORA ROAD
SOLON OH 44139**

Mailing Address

**30303 AURORA ROAD
SOLON OH 44139**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE **PCD** ☐ Delete
NAME **HESSLER, DAVID J**
STREET ADDRESS **6100 ROCKSIDE WOODS BLVD., STE 345**
CITY-ST-ZIP **CLEVELAND OH**TITLE **VD** ☐ Delete
NAME **BIRD, BRUCE R**
STREET ADDRESS **30303 AURORA ROAD**
CITY-ST-ZIP **SOLON OH**TITLE **SD** ☐ Delete
NAME **VANDEBURG, KEITH A**
STREET ADDRESS **6100 ROCKSIDE WOODS BLVD., STE 345**
CITY-ST-ZIP **CLEVELAND OH**TITLE **V** ☐ Delete
NAME **RUTKOWSKI, PETER**
STREET ADDRESS **30303 AURORA ROAD**
CITY-ST-ZIP **SOLON OH**TITLE **~~XXXXXXXXXX~~** ☐ Delete
NAME **~~XXXXXXXXXX~~**
STREET ADDRESS **~~XXXXXXXXXX~~**
CITY-ST-ZIP **~~XXXXXXXXXX~~**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Controller** ☐ Change ☒ Addition
NAME **Thomas Kuklo**
STREET ADDRESS **30303 Aurora Road**
CITY-ST-ZIP **Solon, OH 44139**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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

THOMAS L. KUKLO

Date

1/29/01

Daytime Phone #

**FILED
Apr 13, 2001 8:00 am
Secretary of State**

04-13-2001 90056 042 ***150.00

00036159

DO NOT WRITE IN THIS SPACE

4. FEI Number **34-1776570**

Applied For

Not Applicable

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

CR2E034 (10/00)