

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # F94000004678 (8)

95 FEB 28 PM 3:44

1. Corporation Name

CLESTRA CLEANROOM, INC.

Principal Place of Business

**700 PERFORMANCE DR.
NORTH SYRACUSE NY 13212**

Mailing Address

**700 PERFORMANCE DR.
NORTH SYRACUSE NY 13212**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/09/1994

3a. Date of Last Report

4. FEI Number

16-1211906

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21 7000 PERFORMANCE DR

2a. Mailing Address

26 7000 PERFORMANCE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of signature

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**C
DOUAY, MICHEL
2 RUE MOZART
GRIESHEIM SUR SOUFFEL FRANCE**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
ACKERMANN, DAN
3425 LINDA LANE
BALDWINVILLE NY 13027**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
BIKARD, JEAN L.
58 RUE JEAN GIRAUDOUX
67000 STRASBOURG FRANCE**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
LARSEN, TRACY
3566 WESTCOTT
GRAND RAPIDS MI 49536**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
COURTIS, JEAN D
10 RUE DE LA SCHIFFMATT
STRASBOURG FRANCE**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WETZEL, LAWRENCE
4931 E. LAKE RD.
CAZENOVIA NY**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**ASSISTANT SECRETARY
JANET R. VOLKARS
BOX 150 A - 3 RIVERVIEW
CLEVELAND NY 13042**

☒ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this or any other report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

My/Her Phone #

(315) 452-5200