

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000004678 (8)

1. Corporation Name

CLESTRA CLEANROOM, INC.



Principal Place of Business

7000 PERFORMANCE DR
NORTH SYRACUSE NY 13212
US

Mailing Address

7000 PERFORMANCE DR
NORTH SYRACUSE NY 13212
US

3. Date Incorporated or Qualified
09/09/1994

3a. Date of Last Report
02/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME BIKARD, JEAN L
STREET ADDRESS 56 RUE JEAN GIRAUDOUX
CITY-ST-ZIP 67000 STRASBOURG FRANCE ☐ DELETE

3.1 TITLE PRESIDENT AND CEO.
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☒ Change ☐ Addition

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AS
NAME YERMAS, JANET R.
STREET ADDRESS BOX 150 A-3 RT 49
CITY-ST-ZIP CLEVELAND FL ☒ DELETE

6.1 TITLE ASSISTANT SECRETARY
6.2 NAME SUE BRINGS.
6.3 STREET ADDRESS 1405 ALLEN Rd.
6.4 CITY-ST-ZIP NO. SYRACUSE, NY 13212 ☐ 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 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

Date

(315) 452-5272

Daytime Phone

CR2E034 (12/95)