

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000004929

1. Entity Name

H-D POLYMER CORPORATION

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90061 023 ***150.00

Principal Place of Business

Mailing Address

101 COLUMBIA RD.
MORRISTOWN NJ 07962

C O ALLIED SIGNAL INC.
101 COLUMBIA ROAD
MORRISTOWN NJ 07960-4640

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-3019407

Applied For

Not Applicable

Zip

Country

Zip

Country

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 S. PINE ISLAND RD
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	CPD	<input checked="" type="checkbox"/> Delete	TITLE	VPS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSES, FREDERIC M		NAME	Victor Patrick	
STREET ADDRESS	101 COLUMBIA RD		STREET ADDRESS	101 Columbia Road	
CITY-ST-ZIP	MORRISTOWN NJ 07962		CITY-ST-ZIP	Morristown, nj 07962	
TITLE	DVPS	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELFANT, MARTIN B		NAME		
STREET ADDRESS	101 COLUMBIA RD		STREET ADDRESS		
CITY-ST-ZIP	MORRISTOWN NJ 07962		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	AT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, WILLIAM		NAME	Michael Suriano	
STREET ADDRESS	101 COLUMBIA RD		STREET ADDRESS	101 Columbia Rd	
CITY-ST-ZIP	MORRISTOWN NJ 07962		CITY-ST-ZIP	Morristown, nj 07962	
TITLE	VPT	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMBLE, JOHN JR.		NAME		
STREET ADDRESS	101 COLUMBIA RD.		STREET ADDRESS		
CITY-ST-ZIP	MORRISTOWN NJ 07962		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, DAVID		NAME		
STREET ADDRESS	101 COLUMBIA RD.		STREET ADDRESS		
CITY-ST-ZIP	MORRISTOWN NJ 07962		CITY-ST-ZIP		
TITLE	AVPT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWNSTEIN, PAUL		NAME		
STREET ADDRESS	101 COLUMBIA RD.		STREET ADDRESS		
CITY-ST-ZIP	MORRISTOWN NJ 07962		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)(f), 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:

Paul H. Brownstein

ED

PH Brownstein

4/25/00

973 455 5123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)