## 2009 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # F9500001516 Apr 04, 2000 8:00 am Secretary of State 1. Entity Name THERMAL ENGINEERING CONSTRUCTION SERVICES INC. 04-04-2000 90053 033 \*\*\*150.00 Principal Place of Business Mailing Address 506 CHARLOTTE HWY PO BOX 54940 LOS ANGELES CA 90054-0940 LYMAN SC 29365 2. Principal Place of Business 3. Mailing Address 550B Brookshire Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 57-1016262 Greer, South Carolina Not Applicable Country Zip Country \$8.75 Additional 29651 USA 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees $\triangle$ (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **VPGM** ☐ Addition X Change ☐ Delete NAUGHTON, DALE 550B Brookshire Road **506 CHARLOTTE HWY** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Greer, SC 29651 **LYMAN SC 29365** Change Addition ☐ Detete TITLE TITLE KOENIG, JON R NAME NAME 5701 S EASTERN AVE #300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90040 ☐ Delete ☐ Addition TITLE TITLE Change HARMA, LAURENCE E NAME NAME STREET ADDRESS 5701 S. EASTERN AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90040 Addition Change TITLE ☐ Delete TITLE yarden, abraham NAME NAME STREET ADDRESS STREET ADDRESS 5701 S EASTERN AVE CITY-ST-7IP LOS ANGELES CA 90040 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition HARMA, LAURENCE E NAME NAME STREET ADDRESS STREET ADDRESS 5701 S. EASTERN AVENUE CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90040 Delete TITLE □ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 13. I hereby certify that the informaion supplied indicated on this report or sup of the corporation or the recei remental 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 ar or trusted 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 attachme ess, with all other like empowered پلaurence: E. Harma March 29, 2000 (323)726-0641 SIGNATURE: ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Oaytime Phone #