

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90232 009 ***150.00

DOCUMENT # F96000000492

1. Entity Name
GENERAL REFRIGERMETICS CORPORATION

Principal Place of Business
**19-35 HAZEN ST
 E ELMHURST NY 11370**

Mailing Address
**19-35 HAZEN ST
 E ELMHURST NY 11370**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

PO Box 1592 - 364E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
York PA

4. FEI Number

11-2382432

Applied For

Not Applicable

Zip

Country

Zip

Country

17405

6. Name and Address of Current Registered Agent

**BODE, ROBERT
 % GENERAL REFRIGERMETICS CORPORATION
 3305 SW 11TH AVE
 FT LAUDERDALE FL 33315**

7. Name and Address of New Registered Agent

Name **CT Corporation System**
 Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
 City **Plantation** **FL** Zip Code **33324**

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.

SIGNATURE *Vicki Ann Owens*

Vicki Ann Owens
Special Assistant Secretary

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
P	MOSTOFF, STEPHEN R	19-35 HAZEN ST	E ELMHURST NY 11370	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P	Peter Spellar	2075 Rosewood Lane	York PA 17403	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	Ian A. Campbell	1740 Wyndham Drive South	York PA 17403	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Treas.	James P Corcoran	317 W. Timonium Rd	Timonium MD 21093	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary	Jane G. Davis	915 Upland Rd	York PA 17403	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Asst. Sec.	Gilford Oyer	1100 Wetherburne Dr.	York PA 17404	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Asst. Treas.	Christopher W Blumhard	2664 Chadbourne Dr	York PA 17404	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 REQUIRED

4/24/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)