

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000000492

1. Entity Name
GR COMPRESSORS, INC.



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

Mailing Address
PO BOX 1592-364E
YORK, PA 17405



DO NOT WRITE IN THIS SPACE

01052005 No Chg-P CR2E034 (10/03)

4. FEI Number
11-2382432

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SPELLAR, PETER
STREET ADDRESS	2075 ROSEWOOD LANE
CITY-ST-ZIP	YORK, PA 17403
TITLE	VP
NAME	CAMPBELL, IAN A
STREET ADDRESS	1740 WYNHAM DRIVE SOUTH
CITY-ST-ZIP	YORK, PA 17403
TITLE	T
NAME	CORCORAN, JAMES P
STREET ADDRESS	317 W. TIMONIUM RD
CITY-ST-ZIP	TIMONIUM, MD 21093
TITLE	S
NAME	DAVIS, JANE G
STREET ADDRESS	915 UPLAND RD
CITY-ST-ZIP	YORK, PA 17403
TITLE	AS
NAME	DYER, GILFORD
STREET ADDRESS	1100 WETHERBURN DR.
CITY-ST-ZIP	YORK, PA 17404
TITLE	AT
NAME	WEAVER, ALLEN R
STREET ADDRESS	509 ORCHARD RD
CITY-ST-ZIP	LEMOYNE, PA 17043

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEN R. WEAVER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/05