

200/ UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001609

1. Entity Name

INDUSTRIAL EQUIPMENT AND ENGINEERING COMPANY, IN

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90359 031 ***150.00

Principal Place of Business

Mailing Address

2045 SPRINT BLVD. ORLANDO N INDUSTRIAL PAR
APOPKA FL 32703

2045 SPRINT BLVD. ORLANDO N INDUSTRIAL PAR
APOPKA FL 32703

2. Principal Place of Business

3. Mailing Address

Two North Shore Center

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pittsburgh, PA

Zip

Country

Zip

Country

15212-5851

4. FEI Number

62-1633460

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 retreating)

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	D	<input type="checkbox"/> Delete
NAME	KELLY, DAVID M	
STREET ADDRESS	TWO NORTHSHORE CTR	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DECARLO, DAVID J	
STREET ADDRESS	TWO NORTHSHORE CTR	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BOYLE, EDWARD J	
STREET ADDRESS	TWO NORTHSHORE CTR	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BOYLE, EDWARD J.	
STREET ADDRESS	TWO NORTHSHORE CTR	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	P	<input type="checkbox"/> Delete
NAME	RAHILL, PAUL	
STREET ADDRESS	2045 SPRINT BLVD, ORLANDO N INDUSTRIAL PAR	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROBINSON, KENNETH	
STREET ADDRESS	2045 SPRINT BLVD, ORLANDO N INDUSTRIAL PAR	
CITY-ST-ZIP	APOPKA FL 32703	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(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: *Edward J. Boyle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD J. Boyle

4-30-01

(412) 442-8200

Date

Daytime Phone #