

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State
 05-12-2001 90033 025 ***150.00

DOCUMENT # F96000004728

1. Entity Name
HUAL NORTH AMERICA INC.

Principal Place of Business

**500 N. BROADWAY
 JERICHO ATRIUM
 JERICHO NY 11753**

Mailing Address

**500 N. BROADWAY
 JERICHO ATRIUM
 JERICHO NY 11753**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-2733940**

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

**WARREN, LARRY
 9620 DAVE RAWLS BLVD
 BLOUNT ISLAND TERMINAL
 JACKSONVILLE FL 32226**

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, 2001 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 **PD** ☒ Delete
 NAME **STRETZ, ALFRED J**
 STREET ADDRESS **387 LANDING AVE**
 CITY-ST-ZIP **SMITHTOWN NY 11787**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VSD** ☐ Delete
 NAME **BUTCHER, JAMES E**
 STREET ADDRESS **27 MILL DAM ROAD**
 CITY-ST-ZIP **SMITHTOWN NY 11787**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VC** ☐ Delete
 NAME **HAUGER, KARL K**
 STREET ADDRESS **DRONNINGENSGATE 40**
 CITY-ST-ZIP **0154 OSLO 1 NORWAY**

TITLE **DIRECTOR, CHAIRMAN** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VICE PRESIDENT, SECRETARY** ☐ Delete
 NAME **ROY WINOGRAD**
 STREET ADDRESS **7 GENTORE COURT**
 CITY-ST-ZIP **EDISON, NJ 08820**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DIRECTOR** ☐ Delete
 NAME **PER GUSTAV LYGAS**
 STREET ADDRESS **DRONNINGENSGATE 40**
 CITY-ST-ZIP **0154 OSLO 1 NORWAY**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DIRECTOR** ☐ Delete
 NAME **KNUT HUNDHAMMER**
 STREET ADDRESS **DRONNINGENSGATE 40**
 CITY-ST-ZIP **0154 OSLO 1 NORWAY**

TITLE ☐ Change ☐ 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROY WINOGRAD

Date

4/24/01 (516) 935-1600

Daytime Phone #

CR2E034 (10/00)