

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 14, 2000 8:00 am**
Secretary of State

02-14-2000 90040 037 ***150.00

BU020514



DO NOT WRITE IN THIS SPACE

DOCUMENT # F96000006546

1. Entity Name

ALCATEL VACUUM PRODUCTS, INC.

Principal Place of Business

Mailing Address

SHARP ST
MA 02043**67 SHARP ST**
HINGHAM MA 02043-4349

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

04-2836162

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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**
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
DP	GOLDEN, JAMES	3501 W WARREN AVE	FREMONT CA 94538	☒
D	GUEGAN, JEAN-YVES	ALLEE DU BOUVERAT, MENTHOU ST BERNAD	74290 FRANCE	☐
T	HIGGINS, JOHN	67 SHARP ST	HINGHAM MA 02043	☐
D	DE SAINT TRIVIER, JACQUES	BP69	74000 ANNECY FR	☐
V	MACK, DELBERT J	67 SHARP ST	HINGHAM MA 02043	☐
V	BYRNES, PATRICK	67 SHARP ST	HINGHAM MA 02043	☐

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E034 (9/99)