


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90016 048 ***150.00

20018053

DOCUMENT # F97000002935	
1. Entity Name IGUS BEARINGS, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business P.O. BOX 14349	3. Mailing Address P.O. BOX 14349
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State EAST PROVIDENCE, RI	City & State EAST PROVIDENCE, RI	4. FEI Number 05-0419384	Applied For <input type="checkbox"/> Not Applicable
Zip 02914	Country USA	Zip 02914	Country USA

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

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name C T 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 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 _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLASE, FRANK 50 NORTH BROADWAY EAST PROVIDENCE, RI 02914	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V S BLASE, CARSTEN 50 NORTH BROADWAY EAST PROVIDENCE, RI 02914	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carl Blase **3/13/2006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)