

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90127 036 ***150.00

DOCUMENT # F98000006760

1. Entity Name
THE RELIABLE AUTOMATIC SPRINKLER CO. INC.

Principal Place of Business Mailing Address
525 NORTH MACQUESTERN PARKWAY 525 NORTH MACQUESTERN PARKWAY
MT. VERNON NY 10552 MT. VERNON NY 10552

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 13-1727035 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

GANAS, MICHAEL
263 HUNT PARK COVE
LONGWOOD FL 32750

Name ROBERT K. PAULTON
Street Address (P.O. Box Number is Not Acceptable)
263 HUNT PARK COVE
City LONGWOOD FL Zip Code 32750

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 Robert C. Hultgren VP 1/12/01
Signature, typed or printed name of registered agent and title 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 D
NAME FEE, CANDIDA M
STREET ADDRESS 72 BERKSHIRE ROAD
CITY-ST-ZIP ROCKVILLE CENTRE NY 11570 ☐ Delete

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

TITLE PVCT
NAME FEE, FRANK J III
STREET ADDRESS 2 BEECHWOOD LANE
CITY-ST-ZIP SCARSDALE NY 10583 ☐ Delete

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

TITLE VDS
NAME FEE, KEVIN T
STREET ADDRESS 111 WHITEHALL BLVD.
CITY-ST-ZIP GARDEN CITY NY 11530 ☐ Delete

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

TITLE D
NAME FEE, MICHAEL R
STREET ADDRESS 134 MILL SPRING ROAD
CITY-ST-ZIP MANHASSET NY 11030 ☐ Delete

TITLE
NAME
STREET ADDRESS 83 WESTMINSTER ROAD
CITY-ST-ZIP GARDEN CITY NY 11530 ☒ Change ☐ Addition

TITLE VP
NAME HULTGREN, ROBERT C
STREET ADDRESS 21 SHARON COURT
CITY-ST-ZIP SHELTON CT 06484 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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)(l), 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: Robert C. Hultgren VP 1/12/01 914-662-3220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)