

# 2000 UNIFORM BUSINESS REPORT (UBR)

1

**DOCUMENT # F99000004478**  
 1. Entity Name  
**BUILDING TECHNOLOGY ENGINEERS, INC.**

**FILED**

00 MAR -8 AM 10:58

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
 306 NORTHERN AVE.      306 NORTHERN AVE.  
 BOSTON MA 02210      BOSTON MA 02210-2324



DO NOT WRITE IN THIS SPACE

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      Applied For  
**04-2765026**      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  
**CORPORATION SERVICE COMPANY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1201 HAYS STREET**  
 City      State      Zip Code  
**TALLAHASSEE      FL      32301**

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 *Vicki Schieber, Asst. V.P.*      DATE **03/02/2000**  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>LEATHERS, DAVID</b> <b>RT 2 BOX 1129</b> <b>HARPERS FERRY WV 25425</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>AIKEN, RICHARD C</b> <b>4 CHARRON DRIVE</b> <b>NEWBURYPORT MA 01951</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Anthony Shaker President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>306 Northern Avenue</b> <b>Boston, MA 02210</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Executive Vice President/</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Jeffrey M. Levy      Sole Director</b> <b>101 Merritt Seven</b> <b>Norwalk, CT 06851</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Executive Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Trevor M. Foster</b> <b>101 Merritt Seven</b> <b>Norwalk, CT 06851</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Clerk</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Frank Donelan</b> <b>101 Merritt Seven</b> <b>Norwalk, CT 06851</b> <b>LS</b>

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.

**400003156594--4**

SIGNATURE: *Jeffrey M. Levy*      DATE **02/16/00**      (203)849-7800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #

CRPF034 (9/00)

(2)



ACCOUNT NO. : 072100000032  
REFERENCE : 609012 4388149

AUTHORIZATION :  
COST LIMIT : \$ ~~55.00~~ <sup>61.25</sup> *Patricia P. J. [unclear]*

ORDER DATE : March 2, 2000  
ORDER TIME : 9:32 AM  
ORDER NO. : 609012-005  
CUSTOMER NO: 4388149

CUSTOMER: Ms. Marianne B. Sileo  
Emcor Group Inc.  
101 Merritt Seven  
7th Floor  
Norwalk, CT 06851-1059

RECEIVED  
00 MAR -8 AM 10: 03  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: BUILDING TECHNOLOGY ENGINEERS,  
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY

CONTACT PERSON: Janna Wilson

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00 MAR -3 AM 10: 38  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA