

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90008 023 ***558.75

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DOCUMENT # F99000004915

1. Entity Name

THYSSEN-ELEVATOR COMPANY OF DELAWARE
ThyssenKrupp Elevator Corporation

Principal Place of Business

Mailing Address

6266 HURT ROAD
 HORN LAKE MS 38637

PO BOX 2177
 MEMPHIS TN 38101

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 **62-1211267**

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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. **N/A**

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!
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 **BRANT, JOHN**
 STREET ADDRESS **15141 EAST WHITTIER BLVD., SUITE 505**
 CITY-ST-ZIP **WHITTIER CA 90603**

TITLE ☒ Change ☐ Addition
 NAME **15141 East Whittier Blvd, Suite 420**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **FERSHTMAN, MARSHA**
 STREET ADDRESS **3155 W. BIG BEAVER ROAD, SUITE 2601**
 CITY-ST-ZIP **TROY MI 48064**

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

TITLE **VTD** ☐ Delete
 NAME **HUSSEY, RICH**
 STREET ADDRESS **15141 EAST WHITTIER BLVD., SUITE 505**
 CITY-ST-ZIP **WHITTIER CA 90603**

TITLE ☒ Change ☐ Addition
 NAME **15141 East Whittier Blvd, Suite 420**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VASD** ☐ Delete
 NAME **DEMARTINO, JOHN**
 STREET ADDRESS **665 CONCORD AVENUE**
 CITY-ST-ZIP **CAMBRIDGE MA 02138**

TITLE ☒ Change ☐ Addition
 NAME **92 Montvale Ave., Ste 4750**
 STREET ADDRESS **Stoneham, MA 02180**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **As**
 STREET ADDRESS **Baird, James**
 CITY-ST-ZIP **6266 Hurt Rd.**
Horn Lake, MS 38637

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 the signature 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

JAMES M. BAIRD

ASST. SEC./ASST. TREAS.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)