

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90107 048 \*\*\*158.75

**DOCUMENT # F99000004915**

1. Entity Name  
**THYSSENKRUPP ELEVATOR CORPORATION**



Principal Place of Business  
**6200 HURT ROAD  
HORN LAKE MS 38607  
1995 North Park Place, Ste 370  
Atlanta, GA 30339**

Mailing Address  
**PO BOX 2177  
MEMPHIS TN 38101  
P.O. Box 600002  
Marietta, GA 30006**



2. Principal Place of Business  
**1995 North Park Place**

3. Mailing Address  
**P.O. Box 600002**

Suite, Apt. #, etc.  
**Suite 370**

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Atlanta Georgia**

City & State  
**Marietta, Georgia**

Zip  
**30339**

Country  
**USA**

Zip  
**30006**

Country  
**USA**

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  
**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

|                |                                      |                                 |
|----------------|--------------------------------------|---------------------------------|
| TITLE          | PD                                   | <input type="checkbox"/> Delete |
| NAME           | BRANT, JOHN                          |                                 |
| STREET ADDRESS | 15141 EAST WHITTIER BLVD, SUITE 420  |                                 |
| CITY-ST-ZIP    | WHITTIER CA 90603                    |                                 |
| TITLE          | S                                    | <input type="checkbox"/> Delete |
| NAME           | FERSHTMAN, MARSHA                    |                                 |
| STREET ADDRESS | 3155 W. BIG BEAVER ROAD, SUITE 2601  |                                 |
| CITY-ST-ZIP    | TROY MI 48084                        |                                 |
| TITLE          | VTD                                  | <input type="checkbox"/> Delete |
| NAME           | HUSSEY, RICH                         |                                 |
| STREET ADDRESS | 15141 EAST WHITTIER BLVD., SUITE 420 |                                 |
| CITY-ST-ZIP    | WHITTIER CA 90603                    |                                 |
| TITLE          |                                      | <input type="checkbox"/> Delete |
| NAME           |                                      |                                 |
| STREET ADDRESS |                                      |                                 |
| CITY-ST-ZIP    |                                      |                                 |
| TITLE          |                                      | <input type="checkbox"/> Delete |
| NAME           |                                      |                                 |
| STREET ADDRESS |                                      |                                 |
| CITY-ST-ZIP    |                                      |                                 |
| TITLE          |                                      | <input type="checkbox"/> Delete |
| NAME           |                                      |                                 |
| STREET ADDRESS |                                      |                                 |
| CITY-ST-ZIP    |                                      |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                     |                                                                              |
|----------------|-------------------------------------|------------------------------------------------------------------------------|
| TITLE          |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                     |                                                                              |
| STREET ADDRESS |                                     |                                                                              |
| CITY-ST-ZIP    |                                     |                                                                              |
| TITLE          |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                     |                                                                              |
| STREET ADDRESS |                                     |                                                                              |
| CITY-ST-ZIP    |                                     |                                                                              |
| TITLE          | V                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Hussey, Rich                        |                                                                              |
| STREET ADDRESS | 15141 East Whittier Blvd Suite 420  |                                                                              |
| CITY-ST-ZIP    | Whittier, CA. 90603                 |                                                                              |
| TITLE          | V                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Turnage, David                      |                                                                              |
| STREET ADDRESS | 1995 North Park Place Suite 370     |                                                                              |
| CITY-ST-ZIP    | Atlanta, GA. 30339                  |                                                                              |
| TITLE          | T                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Vazal, Kirk                         |                                                                              |
| STREET ADDRESS | 15141 East Whittier Blvd. Suite 420 |                                                                              |
| CITY-ST-ZIP    | Whittier, CA 90603                  |                                                                              |
| TITLE          |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                     |                                                                              |
| STREET ADDRESS |                                     |                                                                              |
| CITY-ST-ZIP    |                                     |                                                                              |

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David Turnage **David Turnage** 1/21/03 (770) 799-0468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)