

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36903

1. Entity Name

INDUSTRIAL COMPRESSOR DISTRIBUTOR ASSOCIATION, I

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90073 014 \*\*\*\*61.25

Principal Place of Business	Mailing Address
412 HARBOR VIEW LANE LARGO FL 33770 US	412 HARBOR VIEW LANE LARGO FL 33770-4009 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
31-1059147	Not Applicable

5. Certificate of Status Desired	Additional Fee Required
<input type="checkbox"/>	\$8.75

6. Name and Address of Current Registered Agent

GILLIAM, MARGOT  
412 HARBOR VIEW LANE  
LARGO FL 33770

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	KUFFEL, LOU	
STREET ADDRESS	5930 1ST AVE.	
CITY-ST-ZIP	SEATTLE WA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BALL, ED	
STREET ADDRESS	5625 W YELLOWSTONE	
CITY-ST-ZIP	CASPER WY	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCMORROW, ED	
STREET ADDRESS	5401 S 72ND ST	
CITY-ST-ZIP	OMAHA NE	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, BOB	
STREET ADDRESS	1240 W INDUSTRIAL AVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33476	
TITLE	P	<input type="checkbox"/> Delete
NAME	GUNNING, GORDON	
STREET ADDRESS	205 S. RIVER DR.	
CITY-ST-ZIP	TEMPE AZ 85281	
TITLE	V	<input type="checkbox"/> Delete
NAME	BERTELSMAYER, JACK	
STREET ADDRESS	201 SUN VALLEY CIR.	
CITY-ST-ZIP	FENTON MO	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Director
STREET ADDRESS	WALL, LOREN
CITY-ST-ZIP	3974 SIMON ROAD
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Director
STREET ADDRESS	BOB MELLOR
CITY-ST-ZIP	407 EAGLE STREET
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	PASADENA, TX 77506-2204
CITY-ST-ZIP	
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	

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 617, 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: Margot Gilliam REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/2000 727-586-3693

Date Daytime Phone #

CR2E037 (9/99)