

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 412 HARBOR VIEW LANE LARGO FL 33770 US	Mailing Address 412 HARBOR VIEW LANE LARGO FL 33770-4009 US
---	--



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 31-1059147	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
------------------------------------	---	--

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

**FILE NOW:
 FEE IS \$61.25**

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	BERTELSMEYER, JACK	
STREET ADDRESS	201 SUN VALLEY CIR.	
CITY-ST-ZIP	FENTON MO	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALL, LOREN	
STREET ADDRESS	3974 SIMON ROAD	
CITY-ST-ZIP	40075 STONEMAN, OH 44501	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOB MCFARLAND	
STREET ADDRESS	407 EAGLE STREET	
CITY-ST-ZIP	PASADENA, TX 77506-2204	
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)