

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

95 MAY -1 AM 10:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P02344 (0)**

1. Corporation Name  
**COOPERHEAT, INC.**

Principal Place of Business: **1021 CENTENNIAL AVENUE PISCATAWAY NJ 08854**

Mailing Address: **1021 CENTENNIAL AVENUE PISCATAWAY NJ 08854**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/05/1984</b>	3a. Date of Last Report <b>02/21/1994</b>
21		26		4. FEI Number <b>22-1819528</b>	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b>	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LESCROART, EMMETT J.</b>	1 2 NAME	
STREET ADDRESS	<b>1021 CENTENNIAL AVENUE</b>	1 3 STREET ADDRESS	
CITY - ST - ZIP	<b>PISCATAWAY NJ</b>	1 4 CITY - ST - ZIP	
TITLE	<b>S</b>	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOERBER, CHARLOTTE</b>	2 2 NAME	
STREET ADDRESS	<b>800 JORIE BLVD.</b>	2 3 STREET ADDRESS	
CITY - ST - ZIP	<b>OAKBROOK, IL</b>	2 4 CITY - ST - ZIP	
TITLE	<b>VD</b>	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCABE, JACK</b>	3 2 NAME	
STREET ADDRESS	<b>800 JORIE BLVD.</b>	3 3 STREET ADDRESS	
CITY - ST - ZIP	<b>OAK BROOK, IL</b>	3 4 CITY - ST - ZIP	
TITLE	<b>TD</b>	4 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BIAGINI, STEVE</b>	4 2 NAME	
STREET ADDRESS	<b>800 JORIE BLVD.</b>	4 3 STREET ADDRESS	<b>TD Krapf, Scott Allen</b>
CITY - ST - ZIP	<b>OAKBROOK, IL</b>	4 4 CITY - ST - ZIP	<b>800 Jorie Blvd.</b>
TITLE	<b>C</b>	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AKIN, LEWIS E.</b>	5 2 NAME	
STREET ADDRESS	<b>800 JORIE BLVD.</b>	5 3 STREET ADDRESS	
CITY - ST - ZIP	<b>OAK BROOK, IL</b>	5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Charlotte* **Charlotte Tourber** Secretary  
 DATE: **4-25-95** FILED: **708-572-7000**