

2001 UNIFORM BUSINESS REPORT (UBR)

2/28/1

FILED
Mar 27, 2001 8:00 am
Secretary of State

02-28-2001 90021 019 ***150.00

DOCUMENT # P08838

1. Entity Name
STEREO OPTICAL COMPANY, INC.

Principal Place of Business

**3539 N. KENTON AVE.
CHICAGO IL 60641
US**

Mailing Address

**55 GERBER RD
SOUTH WINDSOR CT 06074**

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 **36-2660807**

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
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	<input type="checkbox"/> Delete
NAME	HARRINGTO, SHAWN	
STREET ADDRESS	76 SUNSET RIDGE RD	
CITY-ST-ZIP	ROCKY HILL CT 06067	
TITLE	S	<input type="checkbox"/> Delete
NAME	TREACY, RICHARD F JR	
STREET ADDRESS	12 PARTRIDGE LANDING	
CITY-ST-ZIP	GLASTANBURY CT 06033	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BENNETT, GARY K	
STREET ADDRESS	108 TRI MOUNTAIN RD	
CITY-ST-ZIP	DURHAM CT 06422	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHESHIRE, MICHAEL J	
STREET ADDRESS	184 MAIN STREET	
CITY-ST-ZIP	FARMINGTON CT 06032	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ANDERA, JOSEPH	
STREET ADDRESS	3539 N. KENTON AVE	
CITY-ST-ZIP	CHICAGO IL 60641	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Judy	
STREET ADDRESS	3539 N. Kenton Avenue	
CITY-ST-ZIP	Chicago, IL 60641	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 referee 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/21/01

Date

860 648-6606

Daytime Phone #

CR2E034 (10/00)