

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90176 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  
**2400 118th AVE. N.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**LEGAL DEPT.**

City & State

City & State

**ST. PETERSBURG FL**

Zip

Country

Zip

Country

**33716 USA**



☐ CHECK HERE IF MAKING CHANGES

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

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DCEO  
HARRINGTO, SHAWN  
76 SUNSET RIDGE RD  
ROCKY HILL CT 06067** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
CHRISTIAN COSQUERIC  
1 RUE THOMAS EDISON  
94028 CRETEIL CEDEX FRANCE** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
TREACY, RICHARD F JR  
12 PARTRIDGE LANDING  
GLASTANBURY CT 06033** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
GARY SIEROSLAWSKI  
3539 N. KENTON AVE.  
CHICAGO IL 60641** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LOMBARDI, RON  
45 SQUIRES DRIVE  
SOUTHINGTON CT 06489** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
GRETCHEN WALSH  
2400 118th AVENUE N.  
ST. PETERSBURG FL 33716** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
THOMAS, JUDY  
3539 N. KENTON AVE  
CHICAGO IL 60641** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C.O.O.  
THOMAS JUDY  
3539 N. KENTON AVE.  
CHICAGO IL 60641** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
DONALD RICKLEFS  
ONE BEACON ST., 30th FL.  
BOSTON MA 02108** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ID  
ROGER DURANTIS  
147 RUE DE PARIS  
94227 CHARENTON CEDEX FRANCE** ☐ Change ☒ Addition

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:

**GRETCHEN WALSH**  
**SECRETARY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-28-03 227-522-0844**

CR2E034 (10/02)