

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P11505**

1. Entity Name

COLTEC INDUSTRIES INC**FILED**
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90165 027 ***150.00

Principal Place of Business

Mailing Address

**3 COLISEUM CENTER
2550 WEST TYVOLA ROAD
CHARLOTTE NC 28217
US****TAX DEP.
2550 W TYVOLA RD
CHARLOTTE NC 28217-4543
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

4. FEI Number

13-1846375

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
P	TESHOIAN, NISHAN	3 COLISEUM CENTRE, 2550 W TYVOLA RD	CHARLOTTE NC 28217	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
President	Marshall D. Larsen	2550 W. Tyvola Rd	Charlotte, NC 28217		

VP	HARRISON, DAVID D	3 COLISEUM CENTRE, 2550 W TYVOLA RD	CHARLOTTE NC	<input checked="" type="checkbox"/> Delete
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Vice President/Director	Joseph F. Andolino	2550 W. Tyvola Rd	Charlotte, NC 28217	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
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S	TUBBS, ROBERT J	3 COLISEUM CENTRE, 2550 W TYVOLA RD	CHARLOTTE NC	<input checked="" type="checkbox"/> Delete
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Secretary/Director	Kenneth L. Wagner	2550 W. Tyvola Rd	Charlotte, NC 28217	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
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T	JONES, THOMAS B JR	3 COLISEUM CENTRE, 2550 W TYVOLA RD	CHARLOTTE NC	<input checked="" type="checkbox"/> Delete
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Treasurer/Director	Scott E. Kuechle	2550 W. Tyvola Rd	Charlotte, NC 28217	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
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VP	ANDOLINO, JOSEPH F.	3 COLISEUM CENTRE, 2550 W TYVOLA RD	CHARLOTTE NC	<input type="checkbox"/> Delete
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VP	Terrance G. Linnert	2550 W. Tyvola Rd	Charlotte, NC 28217	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
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				<input type="checkbox"/> Delete
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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 receiver 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

4/26/00
Date704-423-7133
Daytime Phone #

CR2E034 (9/99)