

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P11929**

1. Entity Name

**DAYCO PRODUCTS, INC.****FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90052 024 \*\*\*150.00

Principal Place of Business

Mailing Address

**1 PRESTIGE PLACE  
MIAMISBURG OH 45342****P.O. BOX 810  
AMHERST NY 14226-0810  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**31-1187607**

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

**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 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	VP	<input type="checkbox"/> Delete
NAME	GRENOLDS, RICHARD L	
STREET ADDRESS	501 J JAMES AUDUBON PKWY	
CITY-ST-ZIP	AMHERST NY 14226	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COOK, FREDERIC L	
STREET ADDRESS	501 J JAMES AUDUBON PKWY	
CITY-ST-ZIP	AMHERST NY	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MONTAGUE, W.P.	
STREET ADDRESS	501 J. JAMES AUDUBON PKY	
CITY-ST-ZIP	W AMHERST NY	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LIPES, G. S.	
STREET ADDRESS	28 CHURCH STREET	
CITY-ST-ZIP	BUFFALO NY	
TITLE	CD	<input type="checkbox"/> Delete
NAME	ALFIERO, SAL, H	
STREET ADDRESS	501 J. JAMES AUDUBON PKY	
CITY-ST-ZIP	W AMHERST NY	
TITLE	VT	<input type="checkbox"/> Delete
NAME	BYRNE, J. J.	
STREET ADDRESS	501 J JAMES AUDOBON PKWY	
CITY-ST-ZIP	W AMHERST NY	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Delete
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 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

Frederic L. Cook

1/26/2000

716/639-497.

Daytime Phone #