

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P12337

1. Entity Name

ROBERTSON-CECO CORPORATION

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90022 008 ***150.00

Principal Place of Business

SUITE 425
5000 EXECUTIVE PARKWAY
SAN RAMON CA 94583
US

Mailing Address

SUITE 425
5000 EXECUTIVE PARKWAY
SAN RAMON CA 94583-4315
US

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

36-3479146

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	C	<input type="checkbox"/> Delete
NAME	SAGE, II A	
STREET ADDRESS	1730 LAKEHOUSE DRIVE	
CITY-ST-ZIP	N. PALM BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROSKOVENSKY, EL	
STREET ADDRESS	4295 QUAIL RUN PLACE	
CITY-ST-ZIP	DANVILLE CA	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MEADOWS, STANLEY	
STREET ADDRESS	45 BELLOWS HILL ROAD	
CITY-ST-ZIP	CARLISLE MA	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	HEISLEY, MICHAEL E	
STREET ADDRESS	500 EXECUTIVE PKWY STE 425	
CITY-ST-ZIP	SAN RAMON CA 94583	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	STEVENS, RONALD D	
STREET ADDRESS	5000 EXECUTIVE PKWY STE 425	
CITY-ST-ZIP	SAN RAMON CA 94583	
TITLE	AS	<input type="checkbox"/> Delete
NAME	GLASS, DEDE	
STREET ADDRESS	5000 EXECUTIVE PKWY STE 425	
CITY-ST-ZIP	SAN RAMON CA 94583	

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	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stevens, Ronald D.	
STREET ADDRESS	5000 Executive Pkwy, Suite 425	
CITY-ST-ZIP	San Ramon, CA 94583	
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		

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:

Dede A. Glass Dede A. Glass

3/28/00

925-543-7536

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E034 (9/99)