

# 2000 UNIFORM BUSINESS REPORT (UBR)

0549608

DOCUMENT # P13386

1. Entity Name

SULLAIR CORPORATION

FILED

00 JUN 13 PM 1:01

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3700 E. MICHIGAN BLVD.  
MICHIGAN CITY IN 46360

3700 E. MICHIGAN BLVD.  
MICHIGAN CITY IN 46360-6527

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 35-1112760

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 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  
NAME LAPRADE, EDWIN W  
STREET ADDRESS 1592 SPYGLASS CIRCLE  
CITY-ST-ZIP CHESTERTON IN ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500003300255-1-6  
-06/22/00--01006--004  
\*\*\*\*550.00 \*\*\*\*550.00 ☐ Change ☐ Addition

TITLE SD  
NAME SCHILLING, RICHARD M.  
STREET ADDRESS 1637 COACHMAN DRIVE  
CITY-ST-ZIP ROCKFORD IL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secretary  
Michael A. Monts  
One Hamilton Road  
Windsor Locks, CT 06096-1010 ☒ Change ☐ Addition

TITLE T  
NAME DONOVAN, PAUL  
STREET ADDRESS 2515 CHEROKEE TRAIL  
CITY-ST-ZIP ROCKFORD IL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Treasurer  
Thomas Rogan  
One Hamilton Road  
Windsor Locks, CT 06096-1010 ☒ Change ☐ Addition

TITLE AT  
NAME BIRMINGHAM, NANETTE  
STREET ADDRESS 2823 ELBRIDGE WAY  
CITY-ST-ZIP MICHIGAN CITY IN ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Assistant Treasurer  
Joseph S. Gest  
One Hamilton Road  
Windsor Locks, CT 06096 ☒ Change ☐ Addition

TITLE D  
NAME THOMAS, PATRICK L  
STREET ADDRESS 2390 CAIRNWEIL DR  
CITY-ST-ZIP BELVIDERE IL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Assistant Secretary  
William E. Rosenthal  
One Hamilton Road  
Windsor Locks, CT 06096-1010 ☐ Change ☒ Addition

TITLE VP  
NAME LARSON, GARY L.  
STREET ADDRESS 679 HARVEST ROAD  
CITY-ST-ZIP VALPARAISO IN 46383 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

William E. Rosenthal

Date

(860) 654-4314

Daytime Phone #

CR2E034 (9/95)