

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P14775

1. Entity Name

COOPER TURBOCOMPRESSOR, INC.

FILED

May 12, 2000 8:00 am
Secretary of State

05-12-2000 90031 032 ***150.00

Principal Place of Business

Mailing Address

515 POST OAK BLVD
SUITE 1200
HOUSTON TX 77027
US

515 POST OAK BLVD
SUITE 1200
HOUSTON TX 77027-9496
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

13-3389172

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 CD ☐ Delete
NAME SHELDON R. ERIKSON
STREET ADDRESS 515 POST OAK BLVD, SUITE 1200
CITY-ST-ZIP HOUSTON TX

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

TITLE VDCF ☐ Delete
NAME THOMAS R. HIX
STREET ADDRESS 515 POST OAK BLVD SUITE 1200
CITY-ST-ZIP HOUSTON TX

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

TITLE P ☐ Delete
NAME MINTER, E. F.
STREET ADDRESS 3101 BROADWAY
CITY-ST-ZIP BUFFALO NE

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

TITLE VDS ☒ Delete
NAME TRUETT FRANKLIN MYERS
STREET ADDRESS 515 POST OAK BLVD SUITE 1200
CITY-ST-ZIP HOUSTON TX

TITLE ☐ Change ☒ Addition
NAME Vice President, General Counsel
and Secretary
STREET ADDRESS William C. Lemmer
CITY-ST-ZIP 515 Post Oak Blvd., Suite 1200
Houston, TX 77027

TITLE VT ☐ Delete
NAME DANIEL P. KEENAN
STREET ADDRESS 515 POST OAK BLVD SUITE 1200
CITY-ST-ZIP HOUSTON TX

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

TITLE AS ☐ Delete
NAME GRACE HUGHES
STREET ADDRESS 515 POST OAK BLVD SUITE 1200
CITY-ST-ZIP HOUSTON TX

TITLE ☐ Change ☐ 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:

Grace Hughes GRACE HUGHES

4-26-00

713-513-3322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)