

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P14775**

1. Entity Name

COOPER TURBOCOMPRESSOR, INC.**FILED**
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90005 004 ***150.00

A0068999

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**515 POST OAK BLVD
SUITE 1200
HOUSTON TX 77027
US**

Mailing Address

**515 POST OAK BLVD
SUITE 1200
HOUSTON TX 77027
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3389172**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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	CD						
	SHELDON R. ERIKSON	515 POST OAK BLVD, SUITE 1200	HOUSTON TX				
	VDCF						
	THOMAS R. HIX	515 POST OAK BLVD SUITE 1200	HOUSTON TX				
	P						
	MINTER, E. F	3101 BROADWAY	BUFFALO NE				
	VGCS						
	LEMMER, WILLIAM C	515 POST OAK BLVD SUITE 1200	HOUSTON TX 77027				
	VT						
	DANIEL P. KEENAN	515 POST OAK BLVD SUITE 1200	HOUSTON TX				
	AS						
	GRACE HUGHES	515 POST OAK BLVD SUITE 1200	HOUSTON TX				

CR2E034 (10/00)

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

Date

Daytime Phone #

Grace L Hughes **Grace L Hughes** 116-01 713-5133322