

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90262 016 ***150.00

DOCUMENT # P14775

1. Entity Name

COOPER TURBOCOMPRESSOR, INC.

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**

361035



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1333 West Loop South

Suite, Apt. #, etc.
Suite, 1700

City & State

3. Mailing Address

1333 West Loop South

Suite, Apt. #, etc.
Suite, 1700

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

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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, 2002 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

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

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

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

TITLE **VGCS** ☐ Delete
 NAME **LEMMER, WILLIAM C**
 STREET ADDRESS **515 POST OAK BLVD SUITE 1200**
 CITY-ST-ZIP **HOUSTON TX 77027**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME **see attached list.**
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

424-02

Date

713-513-3322

Daytime Phone #

CR2E034 (9/01)