

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90285 029 ***150.00

DOCUMENT # P 16062
1. Entity Name

COMMERCIAL TESTING & ENGINEERING, CO.

Principal Place of Business	Mailing Address
1919 S. HIGHLAND AVE SUITE 210 B LOMBARD, IL 60148	42 BROADWAY NEW YORK NY 10004

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip **Country**

4. FEI Number 36-0937920 **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CT CORPORATION
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 \$160.00
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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, ROGER	
STREET ADDRESS	42 BROADWAY	
CITY - ST - ZIP	NEW YORK, NY 10004	
TITLE	AT	<input type="checkbox"/> Delete
NAME	ENDER, PETER	
STREET ADDRESS	42 BROADWAY	
CITY - ST - ZIP	NEW YORK, NY 10004	
TITLE	T	<input type="checkbox"/> Delete
NAME	YAUCH, EDWARD	
STREET ADDRESS	135 LANCE DRIVE	
CITY - ST - ZIP	DES PLAINS, IL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MORRISON, SCOTT	
STREET ADDRESS	1020 N. MAIN STREET	
CITY - ST - ZIP	WHEATON, IL	
TITLE	V	<input type="checkbox"/> Delete
NAME	TAYLOR, LLOYD	
STREET ADDRESS	4664 PARIS STREET # B-200	
CITY - ST - ZIP	DENVER, CO	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BIREN, MELISSA	
STREET ADDRESS	9 CAMPUS DRIVE	
CITY - ST - ZIP	PARSIPPANY, NJ 07054	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YIP, BERNARD	
STREET ADDRESS	42 BROADWAY	
CITY - ST - ZIP	NEW YORK, NY 10004	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIDWELL, R.K.	
STREET ADDRESS	291 FAIRFIELD AVENUE	
CITY - ST - ZIP	FAIRFIELD, NJ 07004	

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:

PETER ENDER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #