

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90040 012 ***150.00

DOCUMENT # P16062

1. Entity Name
COMMERCIAL TESTING & ENGINEERING CO.

Principal Place of Business 1919 S. HIGHLAND AVENUE SUITE 210B LOMBARD IL 60148 US	Mailing Address 42 BROADWAY 20TH FLR NEW YORK NY 10004 US
--	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 36-0937920	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS

TITLE	<u>D</u>	<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	
TITLE	T	<input type="checkbox"/> Delete
NAME	YAUCH, EDWARD J.	
STREET ADDRESS	135 LANCE DRIVE	
CITY-ST-ZIP	DES PLAINES IL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MORRISON, SCOTT	
STREET ADDRESS	1020 N MAIN STREET	
CITY-ST-ZIP	WHESTON 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 type="checkbox"/> Delete
NAME	BIREN, MELISSA	
STREET ADDRESS	9 CAMPUS DR	
CITY-ST-ZIP	PARSIPPANY NJ 07054	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Berward YIP	
STREET ADDRESS	42 Broadway	
CITY-ST-ZIP	New York N.Y. 10004-1639	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R.K. BRIDWELL	
STREET ADDRESS	291 FAIRFIELD AVE,	
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: [Signature] **ASSISTANT TREASURER** Date: 4/10/01 Daytime Phone # _____

CR2E034 (10/00)