

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90229 010 ***550.00

DOCUMENT # P17731

1. Entity Name

THE COAST DISTRIBUTION SYSTEMS, INC.

Principal Place of Business

**350 WOODVIEW AVE
MORGAN HILL CA 95037
US**

Mailing Address

**350 WOODVIEW AVE
MORGAN HILL CA 95037
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

94-2490990

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
**PD
MCGUIRE, THOMAS R.
350 WOODVIEW AVE
MORGAN HILL CA 95037** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EXEC. V.P.
STEPHEN BARTOLOTTA
350 WOODVIEW AVE.
MORGAN HILL, CA 95037** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
KNELL, SANDRA A.
350 WOODVIEW AVE
MORGAN HILL CA 95037** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EXEC. J.P.
DENNIS A. CASTAGNOLA
350 WOODVIEW AVE.
MORGAN HILL, CA 95037** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BERGER, DAVID A.
350 WOODVIEW AVE
MORGAN HILL CA 95037** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FRYDMAN, BEN A.
660 NEWPORT CTR DR #1600
NEWPORT BEACH CA** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
THROOP, ROBERT
3 EUCALYPTUS COURT
WOOD SIDE CA 94062** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CASEY, JOHN
60230 TEKAMPE ROAD
BEND OR 97702** ☐ Delete

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

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

7-20-01

(408) 782-6686

Date

Daytime Phone #

0136321 AT

CR2E034 (5/01)