

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P17731

1. Entity Name:  
THE COAST DISTRIBUTION SYSTEMS, INC.

FILED  
Aug 13, 2002 8:00 am  
Secretary of State

08-13-2002 90222 026 \*\*\*550.00

Principal Place of Business

350 WOODVIEW AVE  
MORGAN HILL CA 95037  
US

Mailing Address

350 WOODVIEW AVE  
MORGAN HILL CA 95037  
US

00134074



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 94-2490990

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. I am familiar with, and accept the obligations of registered agent.

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 13, 2002 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 PD  
NAME MCGUIRE, THOMAS R.  
STREET ADDRESS 350 WOODVIEW AVE  
CITY-ST-ZIP MORGAN HILL CA 95037 ☐ Delete

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

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

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

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

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

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

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

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

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

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

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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-02 (408) 782-6686

Date

Daytime Phone #

CR2E034 (4/02)