

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P21887

1. Entity Name

CREANOVA INC.

FILED

00 SEP 27 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

220 DAVIDSON AVE
SOMERSET NJ 08873
US

Mailing Address

C/O HULS CORPORATION
13801 RIVERPORT DRIVE, SUITE 500
MARYLAND HEIGHTS MO 63043
US

2. Principal Place of Business

3. Mailing Address

220 Davidson Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Somerset, NJ 08873

4. FEI Number 13-2958049

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 13, 2000 Min. 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 DPC
NAME MINNERUP, DR. WOLFGANG CEO
STREET ADDRESS PAUL-BAUMANN-STR.
CITY-ST-ZIP 45764 MARL GE ☐ Delete

TITLE President/CEO
NAME Marc Samson
STREET ADDRESS 65 Challenger Road, Ridgefield Park, NJ
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D
NAME BURZIN, KLAUS
STREET ADDRESS PAUL-BAUMANN-STR.
CITY-ST-ZIP 45764 MARL GE ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300003417673--2
-10/06/00--01124--023
****\$550.00 ****\$550.00

TITLE VTCF
NAME SIGG, BRIAN J
STREET ADDRESS 220 DAVIDSON AVE
CITY-ST-ZIP SOMERSET NJ ☐ Delete

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

TITLE VSD
NAME O'BRIEN, P.T.
STREET ADDRESS 220 DAVIDSON AVE
CITY-ST-ZIP SOMERSET NJ ☐ Delete

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

TITLE V
NAME MORLINO, ROBERT J
STREET ADDRESS 220 DAVIDSON AVE
CITY-ST-ZIP SOMERSET NJ 08873 ☐ Delete

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

TITLE V
NAME COLLINS, JOHN J Q
STREET ADDRESS 220 DAVIDSON AVE
CITY-ST-ZIP SOMERSET NJ ☐ Delete

TITLE Vice President
NAME Detlef Rethage
STREET ADDRESS 220 Davidson Ave., Somerset, NJ 08873
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian J. Sigg

9/26/00 (732) 560-6705

Date

Daytime Phone #

CR2E034 (5/00)