

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90520 040 ***158.75

DOCUMENT # P21958

1. Entity Name
INDUSTRIAL ACOUSTICS COMPANY, INC.



Principal Place of Business
**1160 COMMERCE AVE.
BRONX NY 10462**

Mailing Address
**1160 COMMERCE AVE.
BRONX NY 10462**

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 **13-1713318**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



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. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHMITT, ROBERT E	
STREET ADDRESS	1160 COMMERCE AVE	
CITY-ST-ZIP	BRONX NY 10462	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	JOSEPH, LOONEY T	
STREET ADDRESS	1160 COMMERCE AVE.	
CITY-ST-ZIP	BRONX NY 10462	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHMIDT, ROP	
STREET ADDRESS	1160 COMMERCE AVE	
CITY-ST-ZIP	BRONX NY 10462	
TITLE	D	<input type="checkbox"/> Delete
NAME	READ, JAMES	
STREET ADDRESS	1160 COMMERCE AVE	
CITY-ST-ZIP	BRONX NY 10462	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIES, ROBERT M	
STREET ADDRESS	1160 COMMERCE AVE	
CITY-ST-ZIP	BRONX NY 10462	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENSLEY, MAARTEN D	
STREET ADDRESS	1160 COMMERCE AVE	
CITY-ST-ZIP	BRONX NY 10462	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with full other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/03 718-490-4547

CR2E034 (10/02)