2003 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91457 016 ***150.00

DOCUMENT # P22189

1. Entity Name
GEA Integrated Cooling Technologies, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
143 Union Blvd.	143 Union Blvd.
Suite, Apt. #, etc. Suite 400	Suite, Apt. #, etc. Suite 400
City & State Lakewood, CO	City & State Lakewood, CO
Zip 80228 Country USA	Zip 80228 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0268494 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road

City: Plantation FL Zip Code: 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President	TITLE	
NAME	Peter Miller	NAME	
STREET ADDRESS	143 Union Blvd. Suite 400	STREET ADDRESS	
CITY-ST-ZIP	Lakewood, CO 80228	CITY-ST-ZIP	
TITLE	Vice President	TITLE	
NAME	Richard Hebert	NAME	
STREET ADDRESS	143 Union Blvd. Suite 400	STREET ADDRESS	
CITY-ST-ZIP	Lakewood, CO 80228	CITY-ST-ZIP	
TITLE	Secretary/Treasurer	TITLE	
NAME	Cynthia Werges	NAME	
STREET ADDRESS	143 Union Blvd. Suite 400	STREET ADDRESS	
CITY-ST-ZIP	Lakewood, CO 80228	CITY-ST-ZIP	
TITLE	Director	TITLE	
NAME	George Silbermann	NAME	
STREET ADDRESS	Dorstener Strasse 484	STREET ADDRESS	
CITY-ST-ZIP	Bochum, Germany D-44808	CITY-ST-ZIP	
TITLE	Director	TITLE	
NAME	Rolf Schildmann	NAME	
STREET ADDRESS	Dorstener Strasse 484	STREET ADDRESS	
CITY-ST-ZIP	Bochum, Germany D-44808	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/29/03 303-987-4058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #