

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P24105

1. Entity Name

STERLING FLUID SYSTEMS (USA) INC.

FILED

Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90083 037 ***150.00

Principal Place of Business

2005 DR. ML KING ST.
INDIANAPOLIS IN 46206
US

Mailing Address

C/O TBG SERVICES INC. 565 FIFTH AVE.
17TH FL.
NEW YORK NY 10017
US

2. Principal Place of Business

3. Mailing Address

2005 Dr. M.L. King St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Indianapolis, IN

Zip

Country

Zip

Country

46202

4. FEI Number

93-0970734

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 **P** ☐ Delete
NAME **MASSEY, IAN**
STREET ADDRESS **2005 DR M L KING JR. STREET**
CITY-ST-ZIP **INDIANAPOLIS IN**

TITLE **President** ☒ Change ☐ Addition
NAME **Ian C. Massey**
STREET ADDRESS **251 N. Illinois St., Ste. 1800**
CITY-ST-ZIP **Indianapolis, IN 46204**

TITLE **VD** ☒ Delete
NAME **LEVINE, ROBERT B.**
STREET ADDRESS **124 S. MARION PLACE**
CITY-ST-ZIP **ROCKVILLE CENTRE NY**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Robert Levine**
STREET ADDRESS **565 Fifth Ave, 17th Floor**
CITY-ST-ZIP **New York, NY 10017**

TITLE **ST** ☐ Delete
NAME **MOORE, DAVID A**
STREET ADDRESS **2005 DR ML KING JR ST**
CITY-ST-ZIP **INDIANAPOLIS IN**

TITLE **Vice President, CFO, Secretary** ☒ Change ☐ Addition
NAME **David Moore**
STREET ADDRESS **251 N. Illinois St., Ste 1800**
CITY-ST-ZIP **Indianapolis, IN 46204**

TITLE **VDAS** ☐ Delete
NAME **GREEN, STEPHEN**
STREET ADDRESS **1588 UNION AVE.**
CITY-ST-ZIP **HEWLETT NY**

TITLE **Assistant Secretary** ☒ Change ☐ Addition
NAME **Stephen Green**
STREET ADDRESS **565 Fifth Ave, 17th Floor**
CITY-ST-ZIP **New York, NY 10017**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Executive Vice President** ☐ Change ☒ Addition
NAME **Peter Andrews**
STREET ADDRESS **Corinthian Court, 80 Milton Park**
CITY-ST-ZIP **Abingdon Oxon OX4 4RY England**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Executive Vice President** ☐ Change ☒ Addition
NAME **Martin Jones**
STREET ADDRESS **Corinthian Court, 80 Milton Park**
CITY-ST-ZIP **Abingdon Oxon OX4 4RY England**

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

Date

Daytime Phone #