

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P24105

1. Entity Name
STERLING FLUID SYSTEMS (USA) INC.

Principal Place of Business
2005 DR. ML KING ST.
INDIANAPOLIS IN 46206
US

Mailing Address
C/O TBG SERVICES INC. 565 FIFTH AVE.
2005 DR M.L. KING STREET
INDIANAPOLIS IN 46202
US

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 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 \$550.00
After September 12, 2001 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 P
NAME MASSEY, IAN ☒ Delete
STREET ADDRESS 251 N. ILLINOIS STREET SUITE 1800
CITY-ST-ZIP INDIANAPOLIS IN 46204

TITLE P
NAME DOUGLAS, DEAN ☐ Change ☒ Addition
STREET ADDRESS 2005 DR. ML KING STREET
CITY-ST-ZIP INDIANAPOLIS, IN 46206

TITLE VP
NAME LEVINE, ROBERT B. ☐ Delete
STREET ADDRESS 565 5 AVENUE 17 FLOOR
CITY-ST-ZIP NEW YORK NY 10017

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

TITLE VPS
NAME MOORE, DAVID A ☒ Delete
STREET ADDRESS 251 N ILLINOIS STREET SUITE 1800
CITY-ST-ZIP INDIANAPOLIS IN 46204

TITLE VP
NAME KEDROFF, ARTHUR ☐ Change ☒ Addition
STREET ADDRESS 2005 DR. ML KING STREET
CITY-ST-ZIP INDIANAPOLIS, IN 46206

TITLE AS
NAME GREEN, STEPHEN ☐ Delete
STREET ADDRESS 565 5 AVE 17 FLOOR
CITY-ST-ZIP NEW YORK NY 10017

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

TITLE EVP
NAME ANDREWS, PETER ☐ Delete
STREET ADDRESS CORINTHIAN COURT 80 MILTON PARK
CITY-ST-ZIP ABINGDON OXOY, ENGLAND OX44RY

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

TITLE EVP
NAME JONES, MARTIN ☐ Delete
STREET ADDRESS CORINTHIAN COURT 80 MILTON PARK
CITY-ST-ZIP ABINGDON OXOY, ENGLAND OX44RY

TITLE
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 19, 2001 8:00 am
Secretary of State

09-19-2001 90124 034 ***550.00



DO NOT WRITE IN THIS SPACE

0145/17 SP

CR2E034 (5/01)

Sept 12, 01 317 924-7307