

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90045 005 ***150.00

DOCUMENT # P26360

1. Entity Name
HERITAGE MECHANICAL BREAKDOWN CORPORATION

Principal Place of Business

260 LONG RIDGE RD
 STAMFORD CT 06927
 US

Mailing Address

260 LONG RIDGE RD
 ATTN: JOSEPHINE MILLER
 STAMFORD CT 06927
 US

2. Principal Place of Business

30851 Agoura Road
 Suite, Apt. #, etc.

3. Mailing Address

30851 Agoura Road
 Suite, Apt. #, etc.

City & State

Agoura Hills, CA

City & State

Agoura Hills, CA

4. FEI Number **95-4246217**

Applied For

Not Applicable

Zip

91301

Country

USA

Zip

91301

Country

USA

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
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 \$150.00
After MAY 1, 2001 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

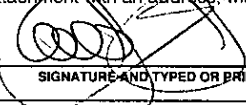
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OWENS, JAMES J 4647 ADONIS PL MOORPARK CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOSTIC, EDWARD D. 3999 BARCELONA PLACE NEWBURY PARK CA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D METCALF, MARC G 131 RIVERSIDE DR. NEW YORK NY 10024	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT CAR, KEVIN M. 1405 LA FITTE DR. OAK PARK CA 91301	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATT AMATO, JOHN 777 LONG RIDGE RD STAMFORD CT 06927	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
30851 Agoura Road Agoura Hills, CA 91301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P/D Daniel C. Munson 30851 Agoura Road Agoura Hills, CA 91301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D Timothy L. Schilling 30851 Agoura Road Agoura Hills, CA 91301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
T Patricia T. Hemley 30851 Agoura Road Agoura Hills, CA 91301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VP/Asst. T Brenda Daglish 30851 Agoura Road Agoura Hills, CA 91301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:



James J. Owens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

Date

(818) 889-2520

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE

Attachment
AW51646
DH 126300

HERITAGE MECHANICAL BREAKDOWN CORPORATION

Delaware

DIRECTORS

Daniel C. Munson
James J. Owens
Timothy L. Schilling

OFFICERS

Daniel C. Munson	President
James J. Owens	Secretary
Patricia T. Hemley	Treasurer
Brenda Daglish	Vice President & Assistant Treasurer, Taxes
David R. Murphy	Assistant Treasurer
Gary T. Prizzia	Assistant Treasurer
John Amato	Assistant Treasurer, State Taxes
*Shari K. Bowden	Assistant Treasurer, State Taxes
Sandra A. Jones	Assistant Treasurer, State Taxes
Joseph T. Cassidy	Assistant Treasurer, Taxes
Donna M. Fiammetta	Assistant Treasurer, Taxes
Jeffrey L. Hyde	Assistant Treasurer, Taxes
Kenneth E. Kempson	Assistant Treasurer, Taxes

5/1/2000