

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90643 049 ***150.00

DOCUMENT # P29526

1. Entity Name

ALLEN HEAT TRANSFER PRODUCTS, INC.

Principal Place of Business **Mailing Address**

1209 ORANGE STREET 100 GANDO DRIVE
WILMINGTON DE 19801 NEW HAVEN CT 06513-1049
US

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**

Zip **Country** **Zip** **Country**

00056902

DO NOT WRITE IN THIS SPACE

4. FEI Number **Applied For**

11-3015709 ☐ 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 _____ **DATE** _____

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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 PD NAME MCHALE, HENRY P STREET ADDRESS 100 GANDO DR CITY - ST - ZIP NEW HAVEN CT | <input checked="" type="checkbox"/> Delete | TITLE PD NAME JOHNSON, CHARLES E STREET ADDRESS 100 GANDO DR CITY - ST - ZIP NEW HAVEN CT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE VSD NAME JACKSON, JEFFREY L STREET ADDRESS 100 GANDO DR CITY - ST - ZIP NEW HAVEN CT 06513 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VTD NAME COYNE, TIMOTHY E STREET ADDRESS 100 GANDO DR CITY - ST - ZIP NEW HAVEN CT 06513 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Timothy E. Coyne* **TIMOTHY E. COYNE** **(203) 401-6463**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #