

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P34927

1. Entity Name

EMERSON QUIET KOOL CORPORATION

Principal Place of Business

505 MARTINSVILLE RD  
PO BOX 813  
LIBERTY CORNER NJ 07938  
US

Mailing Address

505 MARTINSVILLE RD  
PO BOX 813  
LIBERTY CORNER NJ 07938-0813  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent -

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SALVATORE, GIORDANO J	
STREET ADDRESS	505 MARTINSVILLE ROAD	
CITY-ST-ZIP	LIBERTY CORNER NJ	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LAURENT, ROBERT L, JR.	
STREET ADDRESS	505 MARTINSVILLE RD	
CITY-ST-ZIP	LIBERTY CORNER NJ	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HANSEN, KENT E	
STREET ADDRESS	505 MARTINSVILLE RD	
CITY-ST-ZIP	LIBERTY CORNER NJ	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOLL, CLARENCE RUSSEL	
STREET ADDRESS	505 MARTINSVILLE RD	
CITY-ST-ZIP	LIBERTY CORNER NJ	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MODLIN, HOWARD S.	
STREET ADDRESS	505 MARTINSVILLE RD	
CITY-ST-ZIP	LIBERTY CORNER NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIORDANO, JR. S	
STREET ADDRESS	505 MARTINSVILLE RD	
CITY-ST-ZIP	LIBERTY CORNER NJ	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERALD C. SENION	
STREET ADDRESS	505 MARTINSVILLE RD	
CITY-ST-ZIP	LIBERTY CORNER, NJ 07938	
TITLE	VICE PRESIDENT, FINANCE & CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL GIORDANO	
STREET ADDRESS	505 MARTINSVILLE RD	
CITY-ST-ZIP	LIBERTY CORNER NJ 07938	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENT E. HANSEN	
STREET ADDRESS	505 MARTINSVILLE RD	
CITY-ST-ZIP	LIBERTY CORNER, NJ 07938	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALVATORE GIORDANO	
STREET ADDRESS	505 MARTINSVILLE RD	
CITY-ST-ZIP	LIBERTY CORNER, NJ 07938	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANCY DIGIOVANNI	
STREET ADDRESS	505 MARTINSVILLE RD	
CITY-ST-ZIP	LIBERTY CORNER, NJ 07938	
TITLE	ASSISTANT TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JORDAN L. BRUNO	
STREET ADDRESS	505 MARTINSVILLE RD	
CITY-ST-ZIP	LIBERTY CORNER, NJ 07938	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Jordan L. Bruno*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JORDAN L. BRUNO

3/17/2000 (908)604-8686  
Date Daytime Phone #

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90146 002 \*\*\*150.00

627099



DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3061439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

CR05034 (0/00)