

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P35750

1. Entity Name

HEXCEL CORPORATION

**FILED**  
**Jun 23, 2000 8:00 am**  
**Secretary of State**

06-23-2000 90105 044 \*\*\*550.00

Principal Place of Business

Mailing Address

5794 WEST LAS POSITAS BOULEVARD  
PLEASANTON CA 94588  
US

5794 WEST LAS POSITAS BLVD.  
PLEASANTON CA 94588-4083  
US

2. Principal Place of Business

281 Tressor Blvd

Suite, Apt. #, etc.

16th Floor

City & State

Stamford, CT

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number

94-1109521

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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	AS	<input type="checkbox"/> Delete
NAME	JENKS, RODNEY P JR	
STREET ADDRESS	5794 W LAS POSITAS BLVD	
CITY-ST-ZIP	PLEASANTON CA 94588	
TITLE	AT	<input type="checkbox"/> Delete
NAME	BOILEAU, WALTER	
STREET ADDRESS	5794 W LAS POSITAS BLVD	
CITY-ST-ZIP	PLEASANTON CA 94588	
TITLE	CCAO	<input checked="" type="checkbox"/> Delete
NAME	PENSKY, WAYNE	
STREET ADDRESS	5794 W LAS POSITAS BLVD	
CITY-ST-ZIP	PLEASANTON CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, JOHN J.	
STREET ADDRESS	5794 WEST LAS POSITAS BOULEVARD	
CITY-ST-ZIP	PLEASANTO CA	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HERMAN, BRUCE	
STREET ADDRESS	281 TRESSER BLVD	
CITY-ST-ZIP	STAMFORD CT	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPRINGER, GEORGE S.	
STREET ADDRESS	812 SAN FRANCISCO COURT	
CITY-ST-ZIP	STANFORD CA	

TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jenks, Rodney P JR	
STREET ADDRESS	281 Tressor Blvd, 16th Floor	
CITY-ST-ZIP	Stamford, CT 06901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Straff, Donna	
STREET ADDRESS	5794 W Las Positas Blvd	
CITY-ST-ZIP	Pleasanton, CA 94588	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Corporate Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kirk Forbeck	
STREET ADDRESS	5794 W Las Positas Blvd	
CITY-ST-ZIP	Pleasanton, CA 94588	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hosp, Walter	
STREET ADDRESS	560 White Plains Road	
CITY-ST-ZIP	Tarrytown, NY 10591	

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

Donna Straff Assistant Sec'ty 6/5/00 (925)847-9500

Date

Daytime Phone #

CR 1034 (9/99)