

# **03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

FILED

03 JUL -1 AM 9:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P35750

1. Entity Name

HEXCEL CORPORATION



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

281 TRESSER BLVD.

Suite, Apt. #, etc.

16TH FLOOR

City & State

STAMFORD, CT

Zip

06901

Country

USA

3. Mailing Address

281 TRESSER BLVD.

Suite, Apt. #, etc.

16TH FLOOR

City & State

STAMFORD, CT

Zip

06901

Country

USA

4. FEI Number

94-1109521

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required.

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

City

TALLAHASSEE

FL

Zip Code

32301-2525

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RODNEY P. JENKS, JR. 281 TRESSER BLVD., 16TH FLOOR STAMFORD, CT 06901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MICHAEL J. MACINTYRE 281 TRESSER BLVD., 16TH FLOOR STAMFORD, CT 06901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SETH L. KAPLAN 281 TRESSER BLVD., 16TH FLOOR STAMFORD, CT 06901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVID E. BERGES 281 TRESSER BLVD., 16TH FLOOR STAMFORD, CT 06901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN L. SOLOMON 281 TRESSER BLVD., 16TH FLOOR STAMFORD, CT 06901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEPHEN C. FORSYTH 281 TRESSER BLVD., 16TH FLOOR STAMFORD, CT 06901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with or without the employment.

SIGNATURE:

Rodney Jenks, Asst Sec. 5/28/03

203-969-0666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

27/2