

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P36993

1. Entity Name

ASTEC AMERICA INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90082 019 ***150.00

Principal Place of Business

Mailing Address

5810 VAN ALLEN WAY
CARLSBAD CA 92008
US

5810 VAN ALLEN WAY
CARLSBAD CA 92008-7300
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 36-2930831

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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 | D | <input type="checkbox"/> Delete |
| NAME | HOWARD LANCE | |
| STREET ADDRESS | 38TH FLOOR CENTRAL PLAZA 18 HARBOUR RD | |
| CITY-ST-ZIP | WANCHAL HO 3 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SMITH, MICHAEL D. | |
| STREET ADDRESS | 8/F SSS MAKATI, BLDG 6 AYALA AVENUE | |
| CITY-ST-ZIP | MAKITI CITY ME | |
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | GELDMACHER, JAY L. | |
| STREET ADDRESS | 8339 PASEO DEL LAGO | |
| CITY-ST-ZIP | CARLSBAD CA 92008 | |
| TITLE | VPS | <input checked="" type="checkbox"/> Delete |
| NAME | BREWER, OHN | |
| STREET ADDRESS | 38TH FLOOR, CENTRAL PLAZA, 18 HARBOUR ROAD | |
| CITY-ST-ZIP | WANCHAI HO | |
| TITLE | Director | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | TREASURER | <input type="checkbox"/> Delete |
| NAME | TOM ROSENAST | |
| STREET ADDRESS | 5810 VAN ALLEN WAY | |
| CITY-ST-ZIP | CARLSBAD, CA. 92008 | |

| | | |
|----------------|---------------------------|--|
| TITLE | DIRECTOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOWARD LANCE | |
| STREET ADDRESS | 8000 W. Florissant Avenue | |
| CITY-ST-ZIP | St Louis, Mo 63136 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VICE PRESIDENT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JOHN HARDY | |
| STREET ADDRESS | 5810 VAN ALLEN WAY | |
| CITY-ST-ZIP | CARLSBAD, CA. 92008 | |
| TITLE | DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WILLIAM E. HARTLEB | |
| STREET ADDRESS | 5810 VAN ALLEN WAY | |
| CITY-ST-ZIP | CARLSBAD, CA. 92008 | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

William E. Hartleb
Director

Date

Daytime Phone #

4/18/00 (760) 930-4737