

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P36993

1. Entity Name

ASTEC AMERICA INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90142 021 ***150.00

Principal Place of Business

5810 VAN ALLEN WAY
CARLSBAD CA 92008
US

Mailing Address

5810 VAN ALLEN WAY
CARLSBAD CA 92008
US

00033881



DO NOT WRITE IN THIS SPACE

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, 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 D ☐ Delete
NAME HOWARD LANCE
STREET ADDRESS 8000 W. FLORRISSANT AVE
CITY-ST-ZIP SAINT LOUIS MO 63136

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SMITH, MICHAEL D.
STREET ADDRESS 8/F SSS MAKATI, BLDG 6 AYALA AVENUE
CITY-ST-ZIP MAKITI CITY ME

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☐ Delete
NAME GELDMACHER, JAY L.
STREET ADDRESS 5810 VAN ALLEN WY
CITY-ST-ZIP CARLSBAD CA 92008

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME HARDY, JOHN
STREET ADDRESS 5810 VAN ALLEN WY
CITY-ST-ZIP CARLSBAD CA 92008

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HARTLEB, WILLIAM E
STREET ADDRESS 5810 VAN ALLEN WY
CITY-ST-ZIP CARLSBAD CA 92008

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME ROSNEAST, TOM
STREET ADDRESS 5810 VAN ALLEN WY
CITY-ST-ZIP CARLSBAD CA 92008

TITLE ☐ Change ☐ 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

WILLIAM E. HARTLEB

760 93-4738

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)