

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P37838

1. Entity Name  
COOPERHEAT-MQS, INC.

**FILED**  
**Sep 07, 2000 8:00 am**  
**Secretary of State**

09-07-2000 90060 044 \*\*\*550.00

Principal Place of Business 5858 WESTHEIMER STE 625 HOUSTON TX 77057 US	Mailing Address 5858 WESTHEIMER STE 625 HOUSTON TX 77057 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number <b>36-3805594</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required
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6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After SEPTEMBER 13, 2000 Min. will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MILLIRON, JOSEPH E</b> <b>1021 CENTENNIAL AVE</b> <b>PISCATAWAY NJ 08854</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT / CEO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5858 Westheimer Suite 625</b> <b>HOUSTON TX 77057</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>SMOTHERMAN, BARRY</b> <b>6363 WOODWAY, SUITE 925</b> <b>HOUSTON TX 77057</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EXECUTIVE VICE PRESIDENT, CAO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>PETER R. Buchler</b> <b>5858 Westheimer Suite 625</b> <b>HOUSTON TX 77057</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>GREEN, STEVEN</b> <b>2301 ARUTHUR AVE</b> <b>ELD BROVE VILLAGE FL 60007</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EXECUTIVE VICE PRESIDENT, CFO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DANIEL L. Shook</b> <b>5858 Westheimer Suite 625</b> <b>HOUSTON TX 77057</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>SINK, JOSEPH S JR</b> <b>1021 CENTENNIAL AVE</b> <b>PISCATAWAY NJ 08854</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>PEARSON, JAMES M</b> <b>6363 WOODWAY, SUITE 925</b> <b>HOUSTON TX 77057</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Daniel L. Shook **VP CFO** **9-5-00** **713-735-6900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)