

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90221 009 ***158.75

DOCUMENT # P37838

1. Entity Name
COOPERHEAT-MQS, INC.

Principal Place of Business 5858 WESTHEIMER STE 625 HOUSTON TX 77057 US	Mailing Address 5858 WESTHEIMER STE 625 HOUSTON TX 77057 US
--	--

766191



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 **36-3805594** 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

**C T CORPORATION SYSTEM
 1200 SOUTH 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 _____ 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)

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 PD	<input type="checkbox"/> Delete
NAME MILLIRON, JOSEPH E	
STREET ADDRESS 1021 CENTENNIAL AVE	
CITY-ST-ZIP PISCATAWAY NJ 08854	
TITLE STD	<input checked="" type="checkbox"/> Delete
NAME SMOTHERMAN, BARRY	
STREET ADDRESS 6363 WOODWAY, SUITE 925	
CITY-ST-ZIP HOUSTON TX 77057	
TITLE VP	<input checked="" type="checkbox"/> Delete
NAME GREEN, STEVEN	
STREET ADDRESS 2301 ARUTHUR AVE	
CITY-ST-ZIP ELD BROVE VILLAGE FL 60007	
TITLE C	<input checked="" type="checkbox"/> Delete
NAME SINK, JOSEPH S JR	
STREET ADDRESS 1021 CENTENNIAL AVE	
CITY-ST-ZIP PISCATAWAY NJ 08854	
TITLE C	<input checked="" type="checkbox"/> Delete
NAME PEARSON, JAMES M	
STREET ADDRESS 6363 WOODWAY, SUITE 925	
CITY-ST-ZIP HOUSTON TX 77057	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE PRESIDENT, CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 5858 Westheimer #625	
CITY-ST-ZIP HOUSTON TX 77057	
TITLE EXEC VICE PRESIDENT, CAO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Buchler, Peter R.	
STREET ADDRESS 5858 Westheimer #625	
CITY-ST-ZIP HOUSTON TX 77057	
TITLE EXEC V.P. CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Shook, Daniel Lee	
STREET ADDRESS 5858 Westheimer #625	
CITY-ST-ZIP HOUSTON TX 77057	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input 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: Daniel L Shook 5-1-01 7-3-735-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)