

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P40360

1. Entity Name

THE NASH ENGINEERING COMPANY

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90084 048 ***150.00

852403



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 9 TREFOIL DRIVE
 TRUMBULL CT 06611

Mailing Address
 ATTN: TAX DEPT
 9 TREFOIL DRIVE
 TRUMBULL CT 06611-1330
 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

4. FEI Number **06-0463480**
 Applied For
 Not Applicable

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301

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 _____ (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	VT	<input type="checkbox"/> Delete
NAME	HAYES, JOHN M	
STREET ADDRESS	2561 BARRY COURT	
CITY-ST-ZIP	YORKTOWN HEIGHT NY	
TITLE	CD	<input type="checkbox"/> Delete
NAME	NORDENSON, MARK H	
STREET ADDRESS	73 SOUTH STREET	
CITY-ST-ZIP	FREEPORT ME	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	WALTER, GEORGE L	
STREET ADDRESS	45 HARVEST LANE	
CITY-ST-ZIP	MILFORD CT 06460	
TITLE	V	<input type="checkbox"/> Delete
NAME	TALONI, ADAM R	
STREET ADDRESS	115 HOUSATONIC DR	
CITY-ST-ZIP	MILFORD CT 06460	
TITLE	P	<input type="checkbox"/> Delete
NAME	CLARKE, RICHARD M	
STREET ADDRESS	63 TURKEY HILL RD. S	
CITY-ST-ZIP	WEST PART CT 06880	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
TITLE	VP	<input checked="" 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		
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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George L. Walter
 V.P. - Finance

4/30/00
 Date

(203) 459-3640
 Daytime Phone #

CR2E034 (9/99)