

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90073 008 \*\*\*150.00

**DOCUMENT # 830164**

1. Entity Name

**GAB ROBINS NORTH AMERICA, INC.**

Principal Place of Business

Mailing Address

**9 CAMPUS DRIVE  
 PARSIPPANY NJ 07054  
 US**

**P.O. BOX 316  
 STE 7  
 PARSIPPANY NY 07054-0316  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-2747054**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**80044022**



DO NOT WRITE IN THIS SPACE

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
CD	ANTHONY M. CZURA	175 COMMANCHE DR	OCEANPORT NJ 07757	<input checked="" type="checkbox"/>
VPT	FERUGHELI, PAUL J	31 CARSON ROAD	BUDD LAKE NJ 07828	<input checked="" type="checkbox"/>
PCD	DAVID W. J. MCGIRR	33 PHEASANT LANE	GREENWICH CT 06830	<input checked="" type="checkbox"/>
SVPC	BIREN, MELISSA H	31 OLD FARMSTEAD ROAD	CHESTER NJ 07930	<input checked="" type="checkbox"/>
VPCD	DARDEN, JOHN F.	9 CAMPUS DRIVE	PARSIPPANY NJ	<input checked="" type="checkbox"/>
VPC	BOURES, ANTHONY	23 DEER PATH	NESCHANIC NJ 08853	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRES. CEO, DIR	JOSEPH M. ZUBRETSKY	200 RIVERSIDE BLVD.	NEW YORK NY 10029	<input type="checkbox"/>	<input type="checkbox"/>
TREASURER	BARRY BELFER	180 LORRAINE DRIVE	BERKELEY HEIGHTS, NJ 07922	<input type="checkbox"/>	<input type="checkbox"/>
VP CONTROLLER	WILLIAM C. TOPE	14 SAWYERS PARK DR.	GOSHEN NY 10924	<input type="checkbox"/>	<input type="checkbox"/>
SVP SECRETARY	THOMAS A. JACKSON	17 HAWTHORNE COURT	MORRISTOWN, NJ 07960	<input type="checkbox"/>	<input type="checkbox"/>
DIRECTOR	THOMAS BROCCOLETTI	553 GREEN POND ROAD	ROCKAWAY, NJ 07866	<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/01

(918) 993-3400

CR2E034 (10/00)