

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90054 042 ***150.00

DOCUMENT # F96000000333

1. Entity Name
PILLER, INC.

Principal Place of Business 334 COUNTY RT 49 MIDDLETOWN NY 10940 US	Mailing Address 334 COUNTY RT 49 MIDDLETOWN NY 10940 US
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
-----	---------	-----	---------



DO NOT WRITE IN THIS SPACE

4. FEI Number **52-1695869** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent
 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, 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	P	<input checked="" type="checkbox"/> Delete
NAME	YEATES, KEITH	
STREET ADDRESS	334 COUNTY RT 49	
CITY-ST-ZIP	MIDDLETOWN NY 10940	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	YEATES, KEITH	
STREET ADDRESS	334 COUNTY RT 49	
CITY-ST-ZIP	MIDDLETOWN NY 10940	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	SCHWARZ, THOMAS	
STREET ADDRESS	334 COUNTY RT 49	
CITY-ST-ZIP	MIDDLETOWN NY 10940	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOSEBRUCH, HARALD	
STREET ADDRESS	PILLER GMBH ABGUNST 24	
CITY-ST-ZIP	OSTERODE AM HARZ GERMANY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D/P Yeates, Keith	
STREET ADDRESS	334 County Rt 49	
CITY-ST-ZIP	Middletown NY 10940	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V/T/S Schwarz, Thomas	
STREET ADDRESS	334 County Rt 49	
CITY-ST-ZIP	Middletown NY 10940	
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: _____ Date **2/15/01** (845) 355-5000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)