FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **833930** **(1)**

1. Corporation Name

UNIVERSAL OIL PRODUCTS COMPANY

Principal Place of Business	Mailing Address
25 E. ALGONQUIN ROAD DES PLAINES IL 60017	25 E. ALGONQUIN ROAD DES PLAINES IL 60017

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **03/05/1975**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **36-2824643** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Signature, Typed or Printed Name of Registered Agent and Title, if Applicable) (Typed or Printed Name of Person Signing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RODER, EDWARD, T		1.2 NAME	
STREET ADDRESS	25 E. ALGONQUIN ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	DES PLAINES IL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LAWRENCE, H. G.		2.2 NAME	
STREET ADDRESS	25 E ALGONQUIN RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	DES PLAINES IL		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	VAN DE KERCKHOVE,MICHAEL		3.2 NAME	
STREET ADDRESS	25 E. ALGONQUIN ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	DES PLAINES FL		3.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WINFIELD, MICHAEL D.		4.2 NAME	
STREET ADDRESS	25 E. ALGONQUIN ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	DES PLAINES IL		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DAVIDSON, GEORGE J.		5.2 NAME	
STREET ADDRESS	25 E ALGONQUIN RD		5.3 STREET ADDRESS	
CITY-ST-ZIP	DES PLAINES FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward T. Roder SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD T. RODER 4/25/96 (847)391-2087
Date Daytime Phone Number

CR2E034 (12/95)