## 2000 UNIFORM BUSINESS REPORT (UBR)

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## FILED DOCUMENT # **833930** Jan 28, 2000 8:00 am **Secretary of State** UNIVERSAL OIL PRODUCTS COMPANY 01-28-2000 90212 038 \*\*\*150.00 Principal Place of Business Mailing Address 25 E. ALGONOUIN ROAD 25 E. ALGONQUIN ROAD **DES PLAINES IL 60016-6101** DES PLAINES IL 60017 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite. Apt. #. etc. Applied For City & State City & State 4. FEI Number 36-2824643 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD **PLANTATION FL 33324** Zip Code FL 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. 经企业的 经国际 (100) 15.25 GAE 11.5 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE RODER, EDWARD, T NAME NAME 25 E. ALGONQUIN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DES PLAINES IL ☐ Addition Change TITLE TITLE Delete LAWRENCE, H. G. NAME NAME STREET ADDRESS STREET ADDRESS 25 E ALGONQUIN RD CITY-ST-ZIP CITY-ST-ZIP DES PLAINES IL □ Addition Delete TITLE Change TITLE VAN DE KERCKHOVE, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 25 E. ALGONQUIN ROAD CITY-ST-7IP CITY-ST-ZIP DES PLAINES IL Change ☐ Addition ☐ Delete TITLE TITLE WINFIELD, MICHAEL D. NAME NAME 25 E. ALGONQUIN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DES PLAINES IL ☐ Delete ☐ Change Addition TITLE DAVIDSON, GEORGE J. NAME 25 E ALGONQUIN RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DES PLAINES IL ☐ Change ☐ Addition ☐ Delete TITLE TITLE LOFTUS, BRIAN A NAME STREET ADDRESS STREET ADDRESS 25 E. ALGONQUIN ROAD CITY-ST-ZIP CITY-ST-ZIP DES PLAINES IL 60017 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 empsewered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if