

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90069 027 \*\*\*150.00

**DOCUMENT #** 833930  
**1. Entity Name**  
 Universal Oil Products Company

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 25 E. Algonquin Rd. Suite, Apt. #, etc.	<b>3. Mailing Address</b> 25 E. Algonquin Rd. Suite, Apt. #, etc.
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<b>City &amp; State</b> Des Plaines, IL <b>Zip</b> 60017	<b>Country</b> USA	<b>City &amp; State</b> Des Plaines, IL <b>Zip</b> 60017	<b>Country</b> USA
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<b>4. FEI Number</b> 36-2824643	<b>Applied For</b> Not Applicable
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**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. 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

**City**  
Plantation **FL** **Zip Code**  
33324

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**   
 (See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

<b>TITLE</b> AT	<b>NAME</b> Roder, Edward, T	<b>STREET ADDRESS</b> 25 E. Algonquin Road	<b>CITY - ST - ZIP</b> Des Plaines, IL 60017
<b>TITLE</b> S	<b>NAME</b> Van De Kerckhove, Michael	<b>STREET ADDRESS</b> 25 E. Algonquin Rd.	<b>CITY - ST - ZIP</b> Des Plaines, IL 60017
<b>TITLE</b> P	<b>NAME</b> Donald, Graeme H.H.	<b>STREET ADDRESS</b> 25 E. Algonquin Road	<b>CITY - ST - ZIP</b> Des Plaines, IL 60017
<b>TITLE</b> T	<b>NAME</b> Davidson, George J.	<b>STREET ADDRESS</b> 25 E. Algonquin Road	<b>CITY - ST - ZIP</b> Des Plaines, IL 60017
<b>TITLE</b> D	<b>NAME</b> Shears, Thomas H.	<b>STREET ADDRESS</b> 25 E. Algonquin Road	<b>CITY - ST - ZIP</b> Des Plaines, IL 60017
<b>TITLE</b> D	<b>NAME</b> Cabrera, Carlos	<b>STREET ADDRESS</b> 25 E. Algonquin Road	<b>CITY - ST - ZIP</b> Des Plaines, IL 60017

**DO NOT WRITE  
IN THIS SPACE**

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **Edward T. Roder.** **Date** 4/17/02 **Daytime Phone #** 847-391-2087

CR2E034B (1/201)