2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # 833930

1. Entity 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

DO NOT WRITE IN THIS SPACE

04022004 No Chg-P CR2E034 (10/03)

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

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

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U00000123441
04/22/04-80005-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	AT
NAME	RODER, EDWARD, T
STREET ADDRESS	25 E. ALGONQUIN ROAD
CITY-ST-ZIP	DES PLAINES, IL 60017
TITLE	S
NAME	VAN DE KERCKHOVE,MICHAEL
STREET ADDRESS	25 E. ALGONQUIN ROAD
CITY-ST-ZIP	DES PLAINES, IL 60017
TITLE	P
NAME	DONALD, GRAEME HH
STREET ADDRESS	25 E. ALGONQUIN ROAD
CITY-ST-ZIP	DES PLAINES, IL 60017
TITLE	T
NAME	DAVIDSON, GEORGE J.
STREET ADDRESS	25 E ALGONQUIN RD
CITY-ST-ZIP	DES PLAINES, IL 60017
TITLE	D
NAME	SHEARS, THOMAS H
STREET ADDRESS	25 E. ALGONQUIN ROAD
CITY-ST-ZIP	DES PLAINES, IL 60017
TITLE	D
NAME	CABRERA, CARLOS
STREET ADDRESS	25 E ALGONQUIN ROAD
CITY-ST-ZIP	DES PLAINES, IL 60017

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward T. Roder 4/12/04 (847) 391-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #