FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2002 8:00 am **DOCUMENT #** 836140 Secretary of State 1. Entity Name 02-05-2002 90141 011 ***158 ATCO RUBBER PRODUCTS, INC. Principal Place of Business Mailing Address 7101 ATCO DRIVE 7101 ATCO DRIVE FORT WORTH TX 76118-4098 FORT WORTH TX 76118-4098 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 38-1795281 Not Applicable Country \$8.75 Additional Zip Ζή 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 City 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. SIGNATURE DATE Signature, typed or grinted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. 12. Addition Change Delete TITLE TITLE RANDEL C CALAWAY COHEN, NAT NAME STREET ADDRESS STREET ADDRESS 7101 ATCO DRIVE FORT WORTH TX 76118 CITY-ST-ZIP FORT WORTH TX 76118 CITY-ST-7IP ☐ Addition TITLE Change Delete TITLE NAMÉ NAME CAMERON, DELONG STREET ADDRESS STREET ADDRESS 900 OLD KENT DANE BLDG CITY-ST-ZIP CITY-ST-ZIP GRAND RAPIDS MI ☐ Change Addition ☐ Delete TITLE TITLE NAME ANDERSON, CHARLES NAME STREET ADDRESS STREET ADDRESS 7101 ATCO DRIVE CITY-ST-ZIP CITY-ST-ZIP **FORT WORTH TX** ☐ Change Addition ☐ Delete TITLE TITLE BHATIA, RAMESH NAME NAME 7101 ATCO DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **FORT WORTH TX** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: PERMIT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Alaway !

817-595-2894

Daytime Phone #