

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90096 032 ***150.00

0667202 AR

DOCUMENT # 849527

1. Entity Name
MARLEY COOLING TECHNOLOGIES, INC.



Principal Place of Business
**7401 W 129TH STREET
OVERLAND PARK KS 66213
US**

Mailing Address
**700 TERRACE POINT DR.
MUSKEGON MI 49443
US**



2. Principal Place of Business

3. Mailing Address

13515 Ballantyne Corp. Pl.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Charlotte NC

4. FEI Number **48-0920715**

Applied For
Not Applicable

Zip

Country

Zip
28277

Country
USA

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVPD
O'LEARY, PATRICK J
700 TERRACE POINT DR.
MUSKEGON MI 49443** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Address Changes ☒ Change ☐ Addition
13515 Ballantyne Corp., Pl.
Charlotte, NC 28277**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPSD
O'LEARY, CHRISTOPHER J
700 TERRACE POINT DR.
MUSKEGON MI 49443** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**☒ Change ☐ Addition
"**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPTD
WINOWIECKI, RON
700 TERRACE POINT DR.
MUSKEGON MI 49443** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**☒ Change ☐ Addition
"**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Assistant Treasurer ☐ Change ☒ Addition
RONALD GIZA
13515 Ballantyne Corp. Pl.
Charlotte, N C 28277**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: *Ronald Giza* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RONALD GIZA
4/2/03**

231-724-5774

Date

Daytime Phone #

CR2E034 (10/02)