

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State
 09-17-2002 90094 023 ***558.75

DOCUMENT # F94000000296

1. Entity Name
CORRPRO TECHNOLOGIES, INC.

Principal Place of Business

**1090 ENTERPRISE DR
 MEDINA OH 44256
 US**

Mailing Address

**% CORPORATE TAX
 1055 WEST SMITH ROAD
 MEDINA OH 44256**

80138976



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-1422570

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 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

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

**FILE NOW!!! FEE IS \$550.00
 After September 13, 2002 Fee will be \$750.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCD ☐ Delete
NAME ROG, JOSEPH W
STREET ADDRESS 1090 ENTERPRISE DR
CITY-ST-ZIP MEDINA OH 44256

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

TITLE VPD ☐ Delete
NAME KROON, DAVID H
STREET ADDRESS 8223 SILVER SHADOWS
CITY-ST-ZIP SPRING TX 77379

TITLE ☒ Change ☐ Addition
NAME VD Kroon, David H
STREET ADDRESS 8223 Silver Shadows
CITY-ST-ZIP Spring, TX 77379

TITLE ST ☒ Delete
NAME RACKER, KURT R
STREET ADDRESS 1090 ENTERPRISE DR
CITY-ST-ZIP MEDINA OH 44256

TITLE ☐ Change ☒ Addition
NAME V Sloan, Robert M.
STREET ADDRESS 1090 Enterprise Dr
CITY-ST-ZIP Medina, OH 44256

TITLE VP ☐ Delete
NAME BAACH, MICHAEL K
STREET ADDRESS 1090 ENTERPRISE DR
CITY-ST-ZIP MEDINA OH 44256

TITLE ☒ Change ☐ Addition
NAME VD Baach, Michael K
STREET ADDRESS 1090 Enterprise Dr
CITY-ST-ZIP Medina, OH 44256

TITLE VP ☐ Delete
NAME MAYER, ROBERT M
STREET ADDRESS 1055 WEST SMITH ROAD
CITY-ST-ZIP MEDINA OH 44256

TITLE ☒ Change ☐ Addition
NAME VAT Mayer, Robert M
STREET ADDRESS 1055 W Smith Road
CITY-ST-ZIP Medina, OH 44256

TITLE VAS ☐ Delete
NAME MORAN, JOHN D
STREET ADDRESS 1090 ENTERPRISE DR.
CITY-ST-ZIP MEDINA OH 44256

TITLE ☒ Change ☐ Addition
NAME VS Moran, John P.
STREET ADDRESS 1090 Enterprise Dr.
CITY-ST-ZIP Medina, OH 44256

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: Robert M. Mayer VP Corp. Controller 9/13/02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)