

DOCUMENT # F94000001404

FILED  
Jan 11, 2001 8:00 am  
Secretary of State

01-11-2001 90012 043 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

1. Entity Name  
MONTANA PRODUCTS, INC.

Principal Place of Business Mailing Address  
9287 SMUCKER ROAD 9287 SMUCKER ROAD  
ORRVILLE OH 44667 ORRVILLE OH 44667

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 34-1209518 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 RD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent  
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.

SIGNATURE \_\_\_\_\_ (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 \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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	VD	<input type="checkbox"/> Delete
NAME	KRUEGER, DENNIS	
STREET ADDRESS	6354 RICE HILL RD	
CITY-ST-ZIP	BURBANK OH	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PETERSON, NANCY J	
STREET ADDRESS	7431 RICE HILL RD	
CITY-ST-ZIP	BURBANK OH	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CEO/President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V.P. Research & Development	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeff Andrews	
STREET ADDRESS	8793 Cedar Valley Road	
CITY-ST-ZIP	West Salem, OH 44287	
TITLE	V.P. Purchasing	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Malcolm W. Peterson	
STREET ADDRESS	6610 Rice Hill Road	
CITY-ST-ZIP	Burbank, OH 44214	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Dennis Krueger  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 01/09/01 Daytime Phone: 330-669-8510

CR2E034 (10/00)