

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State

07-15-2002 90188 040 ***550.00

DOCUMENT # F94000001404

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



DO NOT WRITE IN THIS SPACE

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

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

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 NAME	VD KRUEGER, DENNIS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6354 RICE HILL RD	
CITY-ST-ZIP	BURBANK OH	
TITLE NAME	CP PETERSON, NANCY J	<input type="checkbox"/> Delete
STREET ADDRESS	7431 RICE HILL RD	
CITY-ST-ZIP	BURBANK OH	
TITLE NAME	VPRD ANDREWS, JEFF	<input type="checkbox"/> Delete
STREET ADDRESS	8793 CEDAR VALLEY ROAD	
CITY-ST-ZIP	WEST SALEM OH 44287	
TITLE NAME	VPP PETERSON, MALCOLM W	<input type="checkbox"/> Delete
STREET ADDRESS	6610 RICE HILL ROAD	
CITY-ST-ZIP	BURBANK OH 44214	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	General Manager / VP Robert Olszak	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	10117 Deer Run	
CITY-ST-ZIP	Brecksville, OH 44141	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Nancy Peterson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-02 **330-669-8512**
 Date Daytime Phone #

CR2E034 (4/02)