


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90231 017 \*\*\*150.00

**DOCUMENT # F97000002983**

1. Entity Name  
**J & L AMERICA, INC.**



Principal Place of Business  
**31800 INDUSTRIAL RD.  
LIVONIA EXECUTIVE PK  
LIVONIA MI 48150**

Mailing Address  
**31800 INDUSTRIAL RD.  
LIVONIA EXECUTIVE PK  
LIVONIA MI 48150**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **38-2341391**

Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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 \_\_\_\_\_ (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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COD WESSNER, MICHAEL P 31800 INDUSTRIAL RD LIVONIA MI 48151</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MORRISON, JAMES E 1600 TECHNOLOGY WAY, P.O. BOX 231 LATROBE PA 15650-0</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT KELLY, BRIAN 1600 TECHNOLOGY WAY, P.O. BOX 231 LATROBE PA 15650-0</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GREENFIELD, DAVID W 1600 TECHNOLOGY WAY, P.O. BOX 231 LATROBE PA 15650-0</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S NOWE, KEVIN G 1600 TECHNOLOGY WAY, P.O. BOX 231 LATROBE PA 15650-0</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VDT DARIN, NICKOLAS 31800 INDUSTRIAL RD LIVONIA MI 48151</b>	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** *Brian E. Kelly* **SIGNATURE REQUIRED** *4/25/03 724-539-5241*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

*Attachment*

80108434  
F99000002983

**J & L AMERICA INC.**  
**OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>NAME</b>	<b>BUSINESS ADDRESS</b>
President, Chief Operating Officer & Director	Michael P. Wessner	PO Box 3359 31800 Industrial Road Livonia MI 48151
Vice President, Director of Finance, Treasurer, & Director	Nickolas Darin	PO Box 3359 31800 Industrial Road Livonia MI 48151
Vice President, Marketing & Supply Chain Management	Chuck A. Moyer	PO Box 3359 31800 Industrial Road Livonia MI 48151
Vice President, Sales	Kevin D. Guy	PO Box 3359 31800 Industrial Road Livonia, MI 48151
Secretary	Kevin G. Nowe	1600 Technology Way Latrobe PA 15650
Assistant Secretary	David W. Greenfield	1600 Technology Way Latrobe PA 15650
Assistant Treasurer	James E. Morrison	1600 Technology Way Latrobe PA 15650
Assistant Treasurer	Brian E. Kelly	1600 Technology Way Latrobe PA 15650
Assistant Treasurer	Lawrence J. Lanza	1600 Technology Way Latrobe PA 15650