

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90125 007 ***150.00

DOCUMENT # F97000005156 ✓
 1. Entity Name

TRICO PRODUCTS CORPORATION OF TENNESSEE, INC.

Principal Place of Business 8100 TRIDON DRIVE SMYRNA, TN 37167	Mailing Address CORPORATE TAX DEPT 900 S. BROADWAY DENVER, CO. 80217-5887
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B0098871

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 62-1051193	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
 CT 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.

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 \$150.00
After MAY 1, 2000 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D DONALD R. FLETCHER 3255 WEST HAMLIN ROAD ROCHESTER HILLS, MI 48309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D DAVID J. NENNO 3255 WEST HAMLIN ROAD ROCHESTER HILLS, MI 48309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S JAMES E. NELSON 900 S. BROADWAY DENVER, CO. 80217 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D B.J. HARRIS 900 S. BROADWAY DENVER, CO. 80217 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T S. SAMARASINGHE 84 UPER RICHMOND ROAD LONDON SW152ST ENGLAND <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MARK BOLENBAUGH 3255 WEST HAMLIN ROAD ROCHESTER HILLS, MI 48309 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (9/99)

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: Quame M. Pusk **4/26/00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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 1. Entity Name

Attachment
BCW98571

TRICO PRODUCTS CORPORATION OF TENNESSEE, INC.

Principal Place of Business 8100 TRIDON DRIVE SMYRNA, TN 37167	Mailing Address CORPORATE TAX DEPT 900 SOUTH BROADWAY DENVER, CO 80217-5887
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1051193	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DIANE M. RUSK 900 S. BROADWAY DENVER, CO. 80217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KATHLEEN A. SULLIVAN 900 SOUTH BROADWAY DENVER, CO 80217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S THOMAS C. REEVE 900 SOUTH BROADWAY DENVER, CO 80217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CURTIS H. CASTLEMAN 900 SOUTH BORADWAY DENVER, CO 80217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MICHAEL D. TABER 900 SOUTH BROADWAY DENVER, CO 80217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MARY C. KLOEPFER 900 SOUTH BROADWAY DENVER, CO 80217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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SIGNATURE: Diane M Rusk 4/26/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Delete <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	Delete <input checked="" type="checkbox"/>
NAME	KINGSBURGH, MURRAY
STREET ADDRESS	500-100 ALLSTATE PKWY
CITY - ST - ZIP	MARKHAM, ONTARIO L3R 6H3
TITLE	Delete <input checked="" type="checkbox"/>
NAME	HOTTINGER, MICHAEL
STREET ADDRESS	8100 TRIDON DRIVE
CITY - ST - ZIP	SMYRNA, TN 37167
TITLE	Delete <input checked="" type="checkbox"/>
NAME	POMEROY, RANDALL
STREET ADDRESS	8100 TRIDON DR.
CITY - ST - ZIP	SMYRNA, TN 37167
TITLE	Delete <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	Delete <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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

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SIGNATURE: Diame M Kusk 4/24/00
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