

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90377 004 ***150.00

DOCUMENT # F97000005156
 1. Entity Name
 TRICO PRODUCTS CORPORATION OF TENNESSEE, INC.

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

A0068097

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number	Applied For
Zip	Country	Zip	Country
		62-1051193	Not Applicable

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

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 _____
 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 \$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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLETCHER, DONALD R	
STREET ADDRESS	3255 WEST HAMLIN ROAD	
CITY - ST - ZIP	ROCHESTER HILL, MI 48309	
TITLE	DSVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, B.J.	
STREET ADDRESS	900 SOUTH BROADWAY	
CITY - ST - ZIP	DENVER CO 80209	
TITLE	VP/AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOLENBAUGH, MARK	
STREET ADDRESS	3255 WEST HAMLIN ROAD	
CITY - ST - ZIP	ROCHESTER HILL, MI 48309	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NELSON, JAMES E	
STREET ADDRESS	900 SOUTH BROADWAY	
CITY - ST - ZIP	DENVER CO 80209	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMARASINGHE, SAM	
STREET ADDRESS	84 UPPER RICHMOND ROAD	
CITY - ST - ZIP	LONDON SW152ST ENGLAND	
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSK, DIANE M	
STREET ADDRESS	900 SOUTH BROADWAY	
CITY - ST - ZIP	DENVER CO 80209	

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: Diane M Rusk DIANE M RUSK 4/30/01 303 744-5123
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/00)