FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## May 12, 2002 8:00 am & Secretary of State **DOCUMENT #** F97000005156 1. Entity Name TRICO PRODUCTS CORPORATION OF TENNESSEE, INC. 05-12-2002 90657 032 \*\*\*150 00 Principal Place of Business Mailing Address 8100 TRIDON DR. CORPORATE TAX DEPT SMYRNA TN 37167 900 S BROADWAY DENVER CO 80217-5887 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 62-1051193 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S PINE ISLAND ROAD PLANTATION FL 33324 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition CR2E034 (9/01 NAME FLETCHER, DONALD NAME STREET ADDRESS 3255 W. HAMILN RD STREET ADDRESS CITY-ST-ZIP ROCHESTER MI 48309 CITY-ST-ZIP TITLE DSVP ☐ Delete TITLE Change ☐ Addition NAME Harris, B. J. NAME STREET ADDRESS 900 S. BROADWAY STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DENVER CO 80209 Delete VPAT------. 🔲 Change ☐ Addition NAME BOLENBAUGH, MARK NAME STREET ADDRESS 3255 W. HAMILN RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROCHESTER MI 48309 ☐ Delete TITLE Change ☐ Addition NAME NELSON, JAMES E NAME STREET ADDRESS 900 S. BROADWAY STREET ADDRESS CITY-ST-ZIP DENVER CO 80209 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME SAMARASINGHE, SAM NAME STREET ADDRESS 84 UPPER RICHMOND RD STREET ADDRESS CITY-ST-ZIP LONDON, ENGLAND SW 1-52ST CITY-ST-ZIP TITLE AT ☐ Delete TITLE ☐ Change ■ Addition NAME RUSK, DIANE M NAME STREET ADDRESS 900 S. BROADWAY STREET ADDRESS CITY-ST-ZIP DENVER CO 80209 CITY-ST-ZIP 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