

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90168 014 ***150.00

DOCUMENT # F98000003338

1. Entity Name

CHEM-TREND INCORPORATED

Principal Place of Business

Mailing Address

**1445 WEST MCPHERSON PARK DRIVE
 HOWELL MI 48843**

**1445 WEST MCPHERSON PARK DRIVE
 HOWELL MI 48843-3947**

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

38-1682735

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	HAYES, PETER J	
STREET ADDRESS	1445 WEST MCPHERSON PARK DRIVE	
CITY-ST-ZIP	HOWELL MI 48843	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BUSCH, GUY	
STREET ADDRESS	1445 WEST MCPHERSON PARK DRIVE	
CITY-ST-ZIP	HOWELL MI 48843	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRAFF, JAMES	
STREET ADDRESS	1445 WEST MCPHERSON PARK DRIVE	
CITY-ST-ZIP	HOWELL MI 48843	
TITLE	V	<input type="checkbox"/> Delete
NAME	POSŁUSZNY, CARL	
STREET ADDRESS	1445 WEST MCPHERSON PARK DRIVE	
CITY-ST-ZIP	HOWELL MI 48843	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RENNELLS, KENNETH	
STREET ADDRESS	1445 WEST MCPHERSON PARK DRIVE	
CITY-ST-ZIP	HOWELL MI 48843	
TITLE	V	<input type="checkbox"/> Delete
NAME	KAUSERUD, KRIS	
STREET ADDRESS	1445 WEST MCPHERSON PARK DRIVE	
CITY-ST-ZIP	HOWELL MI 48843	

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORAES, DEVANIR	
STREET ADDRESS	1445 WEST MCPHERSON PARK DRIVE	
CITY-ST-ZIP	HOWELL, MI 48843	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, CHRISTOPHER	
STREET ADDRESS	1445 WEST MCPHERSON PARK DRIVE	
CITY-ST-ZIP	HOWELL, MI 48843	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUINN, MICHAEL	
STREET ADDRESS	1445 WEST MCPHERSON PARK DRIVE	
CITY-ST-ZIP	HOWELL, MI 48843	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPANILE, RITA	
STREET ADDRESS	1500 VALLEY RD.	
CITY-ST-ZIP	WAYNE, NJ 07470	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Carl J. Posluszny 1/10/00

(517) 546-4520

CR2E034 (9/99)