

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91172 020 ***150.00

DOCUMENT # F98000003338

1. Entity Name

CHEM-TREND INCORPORATED

Principal Place of Business

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

Mailing Address

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

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.

(NOT)

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!
 After MAY 1, 2001
 Make Check Payable to Department of State**

FEE IS \$150.00

Fee will be \$550.00

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** ☐ Delete
 NAME **HAYES, PETER J**
 STREET ADDRESS **1445 WEST MCPHERSON PARK DRIVE**
 CITY-ST-ZIP **HOWELL MI 48843**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **YOUNG, CHRISTOPHER**
 STREET ADDRESS **1445 WEST MCPHERSON PARK DRIVE**
 CITY-ST-ZIP **HOWELL MI 48843**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **GRAFF, JAMES**
 STREET ADDRESS **1445 WEST MCPHERSON PARK DRIVE**
 CITY-ST-ZIP **HOWELL MI 48843**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **POSLUSZNY, CARL**
 STREET ADDRESS **1445 WEST MCPHERSON PARK DRIVE**
 CITY-ST-ZIP **HOWELL MI 48843**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **CAMPLE, RITA**
 STREET ADDRESS **1400 VALLEY RD**
 CITY-ST-ZIP **WAYNE NJ 07470**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☒ Delete
 NAME **KAUSERUD, KRIS**
 STREET ADDRESS **1445 WEST MCPHERSON PARK DRIVE**
 CITY-ST-ZIP **HOWELL MI 48843**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for indicated on this report or supplemental report is true and accurate and that n of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

he exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information / signature shall have the same legal effect as if made under oath; that I am an officer or director s required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carl J. Posluszny 5/18/01 (517) 546-4520

Date

Daytime Phone #

CR2E034 (10/00)