

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 91400 028 ***150.00

DOCUMENT # P25307

1. Entity Name
INLAND WATERS POLLUTION CONTROL, INC.

Principal Place of Business	Mailing Address
S. SCHAEFER MI 48217-1239	2021 S. SCHAEFER DETROIT MI 48217-1239



DO NOT WRITE IN THIS SPACE

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	38-2024780	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 % C T 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 _____ (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

TITLE	V	<input type="checkbox"/> Delete
NAME	CRITCH, LAWRENCE	
STREET ADDRESS	2021 S. SCHAEFER	
CITY-ST-ZIP	DETROIT MI	
TITLE	P	<input type="checkbox"/> Delete
NAME	WILLIAMS, ROBERT L.	
STREET ADDRESS	2021 S. SCHAEFER	
CITY-ST-ZIP	DETROIT MI	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MANCZAK, RICHARD	
STREET ADDRESS	3400 E. LAFAYETTE	
CITY-ST-ZIP	DETROIT MI	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	VAUGHN, J.J.	
STREET ADDRESS	2021 S. SCHAEFER HWY.	
CITY-ST-ZIP	DETROIT MI	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRYANT, FRANK	
STREET ADDRESS	3400 E LAFAYETTE	
CITY-ST-ZIP	DETROIT MI 48207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Williams, Robert L.	
STREET ADDRESS	2021 S. Schaefer	
CITY-ST-ZIP	Detroit, MI	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Dixson	
STREET ADDRESS	2021 S. Schaefer	
CITY-ST-ZIP	Detroit, MI	
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: Bryan M. Frank Date: 4/21/00 Daytime Phone #: 313.567.7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Bryan M. Frank, secretary

CR2E034 (9/99)