

**2001 UNIFORM BUSINESS REPORT (UBR)**

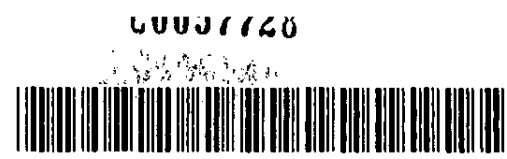
**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90181 021 \*\*\*150.00

**DOCUMENT # P25307**

1. Entity Name  
**INLAND WATERS POLLUTION CONTROL, INC.**

Principal Place of Business 2021 S. SCHAEFER DETROIT MI 48217-1239	Mailing Address 2021 S. SCHAEFER DETROIT MI 48217-1239
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number <b>38-2024780</b>	Applied For
	Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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
State <b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CRITCH, LAWRENCE	
STREET ADDRESS	2021 S. SCHAEFER	
CITY-ST-ZIP	DETROIT MI	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, ROBERT L.	
STREET ADDRESS	2021 S. SCHAEFER	
CITY-ST-ZIP	DETROIT MI	
TITLE	VT	<input type="checkbox"/> Delete
NAME	DIXSON, DAVID	
STREET ADDRESS	2021 S SCHAEFER	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rozycki, Richard	
STREET ADDRESS	2021 S. Schaefer	
CITY-ST-ZIP	Detroit, MI 48217	
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	Dixon, David	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank, Bryant M.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ford, Danny R..	
STREET ADDRESS	2021 S. Schaefer	
CITY-ST-ZIP	DETROIT, MI 48217	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jenkins, John	
STREET ADDRESS	2021 S. Schaefer	
CITY-ST-ZIP	DETROIT, MI 48217	

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: Bryant M. Frank Bryant M. Frank, Secretary 4/18/01 (313)567-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UBR/01/2  
CR2E034 (10/00)