

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P25307

FILED
Jan 09, 2002
Secretary of State

Entity Name: INLAND WATERS POLLUTION CONTROL, INC.

Current Principal Place of Business:

2021 S. SCHAEFER
DETROIT, MI 482171239

New Principal Place of Business:

Current Mailing Address:

2021 S. SCHAEFER
DETROIT, MI 482171239

New Mailing Address:

FEI Number: 38-2024780 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
% C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: ROZYCKI, RICHARD
Address: 2021 S. SCHAEFER
City-St-Zip: DETROIT, MI 48217

Title: PD () Delete
Name: WILLIAMS, ROBERT L.,
Address: 2021 S. SCHAEFER
City-St-Zip: DETROIT, MI

Title: VT () Delete
Name: DIXON, DAVID
Address: 2021 S SCHAEFER
City-St-Zip: DETROIT, MI

Title: S () Delete
Name: BRYANT, FRANK
Address: 3400 E LAFAYETTE
City-St-Zip: DETROIT, MI 48207

Title: V () Delete
Name: FORD, DANNY R
Address: 2021 S SCHAEFER
City-St-Zip: DETROIT, MI 48217

Title: V () Delete
Name: JENKINS, JOHN
Address: 2021 S SCHAEFER
City-St-Zip: DETROIT, MI 48217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: WILLIAMS, ROBERT L
Address: 2021 S. SCHAEFER
City-St-Zip: DETROIT, MI

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID M. DIXON

VP/T

01/09/2002

Electronic Signature of Signing Officer or Director

_____ Date