

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90039 004 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P31506

1. Corporation Name  
**CMP COATINGS, INC.**

Principal Place of Business: 1610 ENGINEERS ROAD, BELLE CHASSE LA 70037  
 Mailing Address: 1610 ENGINEERS ROAD, BELLE CHASSE LA 70037



DO NOT WRITE IN THIS SPACE

|                                |                     |                     |                     |  |                               |
|--------------------------------|---------------------|---------------------|---------------------|--|-------------------------------|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br>10/23/1990  |                               |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br>72-1174509  | Applied For<br>Not Applicable |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |                               |
| 23                             | Zip                 | 28                  | Country             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                          |                               |
| 24                             | Country             | 29                  | Country             | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |                               |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent<br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYES STREET<br/>TALLAHASSEE FL 32301</b> |  |  |  | 10. Name and Address of New Registered Agent |  |
|  |  |  |  | 81   | Name   |
|  |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |
|  |  |  |  | 83   |  |
|  |  |  |  | 84   | City   |
|  |  |  |  |  | 85 Zip Code  |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--------------------------|---|---|
| TITLE                      | P<br>FUNADA, SHOHEI      | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 1610 ENGINEERS ROAD      | 1.2 NAME  |   |
| STREET ADDRESS             | BELLE CHASSE LA 70037    | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                          | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D<br>EDAMATSU, N         | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 1610 ENGINEERS ROAD      | 2.2 NAME  |   |
| STREET ADDRESS             | BELLE CHASSE LA          | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                          | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D<br>FUJIWARA, MITSUHIKO | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 1610 ENGINEERS ROAD      | 3.2 NAME  |   |
| STREET ADDRESS             | BELLE CHASSE LA          | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                          | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | ST<br>MORI, EIJIRO       | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 1610 ENGINEERS RD.       | 4.2 NAME  |   |
| STREET ADDRESS             | BELLE CHASSE LA 70037    | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                          | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                          | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 5.2 NAME  |   |
| STREET ADDRESS             |                          | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                          | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                          | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 6.2 NAME  |   |
| STREET ADDRESS             |                          | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                          | 6.4 CITY-ST-ZIP                                       |   |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ April 1, 1999 (504) 392-4817  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)