

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90006 005 ***550.00

DOCUMENT # P31506

1. Entity Name
CMP COATINGS, INC.



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

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **72-1174509**
 Applied For Not Applicable

Zip Country Zip Country

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

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

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.
 August 28, 2000

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)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FUNADA, SHOHEI	
STREET ADDRESS	1610 ENGINEERS ROAD	
CITY-ST-ZIP	BELLE CHASSE LA 70037	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDAMATSU, N	
STREET ADDRESS	1610 ENGINEERS ROAD	
CITY-ST-ZIP	BELLE CHASSE LA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FUJIWARA, MITSUHIKO	
STREET ADDRESS	1610 ENGINEERS ROAD	
CITY-ST-ZIP	BELLE CHASSE LA	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MORI, EIJIRO	
STREET ADDRESS	1610 ENGINEERS RD.	
CITY-ST-ZIP	BELLE CHASSE LA 70037	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OSAMU ENDO	
STREET ADDRESS	1610 ENGINEERS ROAD	
CITY-ST-ZIP	BELLE CHASSE, LA 70037	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOJI OUE	
STREET ADDRESS	1610 ENGINEERS ROAD	
CITY-ST-ZIP	BELLE CHASSE, LA 70037	
TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEVIN CASEY	
STREET ADDRESS	1610 ENGINEERS ROAD	
CITY-ST-ZIP	BELLE CHASSE, LA 70037	
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		
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: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

AUGUST 28, 2000 (504) 392-4817
 Date Daytime Phone #

CR2E034 (5/00)