

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90001 038 \*\*\*158.75

**DOCUMENT # P99000065038**

1. Entity Name  
**CMS INTERNATIONAL EXPORT, INC.**

Principal Place of Business <b>7905 TROON CIRCLE          AUSTELL GA 30168</b>	Mailing Address <b>6467 PEACHTREE INDUSTRIAL          STE A          ATLANTA GA 30360</b>
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2. Principal Place of Business	3. Mailing Address <b>401 HARBOR ISLES BLVD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>KLAMATH FALLS, OR</b>	4. FEI Number <b>65-0936203</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>97601</b>	Country <b>USA</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (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, 2002 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 <b>D</b>	NAME <b>SUTHERLAND, CHARLES M JR.</b> STREET ADDRESS <b>7905 TROON CIRCLE</b> CITY-ST-ZIP <b>AUSTELL GA 30168</b>
<input checked="" type="checkbox"/> Delete	
TITLE <b>D</b>	NAME <b>SUTHERLAND, JANICE M</b> STREET ADDRESS <b>7905 TROON CIRCLE</b> CITY-ST-ZIP <b>AUSTELL GA 30168</b>
<input checked="" type="checkbox"/> Delete	
TITLE <b>D</b>	NAME <b>SUTHERLAND, DAVID B</b> STREET ADDRESS <b>7905 TROON CIRCLE</b> CITY-ST-ZIP <b>AUSTELL GA 30168</b>
<input checked="" type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>SEE ATTACHED</b>	
TITLE	NAME
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME
<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: Donald B. Young **Donald B. Young**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT & DIRECTOR** Date (541) 882-3451 Daytime Phone #

11-7000000

CR2E034 (9/01)

Attachment  
DOCH P99 000065038  
60030968

**CMS International Export, Inc.**

**OFFICERS & DIRECTORS**

<u>NAME AND TITLE</u>	<u>ADDRESS</u>	<u>CITY, STATE</u>	<u>ZIP</u>	<u>TELEPHONE #</u>
Mark Blanchat, President Director	3250 Lakeport Blvd	Klamath Falls, OR	97601	(541) 882-3451
Don Young, Vice President	401 Harbor Isles Blvd	Klamath Falls, OR	97601	(541) 882-3451
K. E. Hogarth, Vice President	401 Harbor Isles Blvd	Klamath Falls, OR	97601	(541) 882-3451

\*\*\* For security reasons, we provide only business addresses for our officers.