

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90146 023 ***150.00

DOCUMENT # 666349

1. Entity Name

ADVANCED TEST PRODUCTS, INC.

Principal Place of Business

**301 S. COLLEGE ST.
 STE. 2300
 CHARLOTTE NC 28202
 US**

Mailing Address

**301 S. COLLEGE ST.
 STE. 2300
 CHARLOTTE NC 28202
 US**

2. Principal Place of Business

700 Terrace Point Dr.

3. Mailing Address

700 Terrace Point Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Muskegon, Mi

City & State

Muskegon, Mi

4. FEI Number

31-0986554

Applied For

Not Applicable

Zip

49443

Country

USA

Zip

49443

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. 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 **D** ☒ Delete
 NAME **EISENBERG, G A**
 STREET ADDRESS **2300 ONE FIRST UNION CENTER**
 CITY-ST-ZIP **CHARLOTTE NC 28202**

TITLE **VP** ☒ Delete
 NAME **HINTERHAUSER, H**
 STREET ADDRESS **9101 SW SEVENTH AVE.**
 CITY-ST-ZIP **MIAMI FL 33150**

TITLE **VP** ☒ Delete
 NAME **MAGEE, R L**
 STREET ADDRESS **2300 ONE FIRST UNION CENTER**
 CITY-ST-ZIP **CHARLOTTE NC 28202**

TITLE **D** ☒ Delete
 NAME **DRIES, W**
 STREET ADDRESS **2300 ONE FIRST UNION CENTER**
 CITY-ST-ZIP **CHARLOTTE NC 28202**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **MD** ☐ Change ☒ Addition
 NAME **Patrick J. O'Leary**
 STREET ADDRESS **700 Terrace Pt. Dr.**
 CITY-ST-ZIP **Muskegon, Mi 49443**

TITLE **V/S/D** ☐ Change ☒ Addition
 NAME **Christopher J. Kearney**
 STREET ADDRESS **700 Terrace Pt. Dr.**
 CITY-ST-ZIP **Muskegon, Mi 49443**

TITLE **V/T/D** ☐ Change ☒ Addition
 NAME **Ron Winowiecki**
 STREET ADDRESS **700 Terrace Pt. Dr.**
 CITY-ST-ZIP **Muskegon, Mi 49443**

TITLE **V** ☐ Change ☒ Addition
 NAME **Joseph Rocco**
 STREET ADDRESS **700 Terrace Pt. Dr.**
 CITY-ST-ZIP **Muskegon, Mi 49443**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Patrick J. O'Leary 4-14-02
 Vice Pres./Director

231-724-5000

Daytime Phone #

CR2E034 (9/01)