

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 821392 (8)
1. Corporation Name
PVS CHEMICALS, INC. (FLORIDA)

FILED
Jul 22 1998 8:00am
Secretary of State



Principal Place of Business
10900 HARPER AVE
DETROIT MI 48213

Mailing Address
10900 HARPER AVE
DETROIT MI 48213

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1968

4. FEI Number

38-1226669

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME NICHOLSON, JAMES B.

STREET ADDRESS 222 CLOVERLY

CITY-ST-ZIP GROSSE POINTE FARM MI

TITLE CSD ☐ DELETE

NAME HARRISON, DONALD G.

STREET ADDRESS 400 RENAISSANCE CTR 1900

CITY-ST-ZIP DETROIT MI

TITLE VT ☐ DELETE

NAME SOSNOSKI, DONALD R.

STREET ADDRESS 3595 BELLOWS COURT

CITY-ST-ZIP TROY MI

TITLE V ☐ DELETE

NAME SCHLUMBERGER, ALLAN A.

STREET ADDRESS 8639 EDGEWOOD PARK DRIVE

CITY-ST-ZIP COMMERCE MI 48382

TITLE AS ☐ DELETE

NAME TAUB, JONATHAN, S

STREET ADDRESS 24207 FAIRMOUNT

CITY-ST-ZIP DEARBORN MI 48124

TITLE V ☐ DELETE

NAME OLSON, ROBERT G.

STREET ADDRESS 31572 MAYFAIR

CITY-ST-ZIP BIRMINGHAM MI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Assistant Treasurer ☐ Change ☒ Addition

1.2 NAME Kim Wasilewski

1.3 STREET ADDRESS 14088 Glenwood Drive

1.4 CITY-ST-ZIP Shelby Twp, MI 48315

2.1 TITLE Vice President ☐ Change ☒ Addition

2.2 NAME James M. Nicholson

2.3 STREET ADDRESS 1672 Renaud

2.4 CITY-ST-ZIP Grosse Pte. Woods, MI 48236

3.1 TITLE Vice President ☐ Change ☒ Addition

3.2 NAME David Gallagher

3.3 STREET ADDRESS 12065 E. Welsh Trail

3.4 CITY-ST-ZIP Scottsdale, AZ 85259

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(l), 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.

SIGNATURE:

[Signature] REQUIRED

July 7, 1998 (313) 921-1200

CR2E034 (5/98)