

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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90016 038 ***158.75

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 836140

1. Corporation Name
ATCO RUBBER PRODUCTS, INC.



Principal Place of Business
7101 GUMM LANE
FORT WORTH TX 76118-4098

Mailing Address
7101 GUMM LANE
FORT WORTH TX 76118-4098

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 7101 ATCO DRIVE

2a. Mailing Address
26 7101 ATCO DR

Suite, Apt. #, etc.

22

27

City & State

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Zip Country

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3. Date Incorporated or Qualified
04/08/1976

4. FEI Number
38-1795281

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 the current year intangible Personal Property Tax. Yes No

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSEN, JOHN	1.2 NAME	
STREET ADDRESS	7101 GUMM LANE	1.3 STREET ADDRESS	7101 ATCO DRIVE
CITY-ST-ZIP	FORT WORTH, TX 0	1.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNDSTROM, CHARLES C	2.2 NAME	
STREET ADDRESS	900 OLD KENT BANK BLDG	2.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND RAPIDS, MI 0	2.4 CITY-ST-ZIP	
TITLE	CT <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, CHARLES	3.2 NAME	
STREET ADDRESS	7101 GUMM LANE	3.3 STREET ADDRESS	7101 ATCO DRIVE
CITY-ST-ZIP	FORT WORTH, TX 0	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BHATIA, RAMESH	4.2 NAME	
STREET ADDRESS	7101 GUMM LANE	4.3 STREET ADDRESS	7101 ATCO DRIVE
CITY-ST-ZIP	FORT WORTH TX	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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:

REQUIRE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99 817-95-2894
 Date Daytime Phone #

CR2E034 (11/98)