

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90224 044 ***150.00

DOCUMENT # 844901

1. Entity Name
CARBOLINE COMPANY

Principal Place of Business
**350 HANLEY INDUSTRIAL CT.
SAINT LOUIS MO 63144**

Mailing Address
**350 HANLEY INDUSTRIAL CT.
SAINT LOUIS MO 63144**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **52-1167514**

Applied For

Not Applicable

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

**THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
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.

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STORK, JEFFREY M	
STREET ADDRESS	1 PARK AVE	
CITY-ST-ZIP	MAPLE SHADE NJ 08052	
TITLE	SVT	<input type="checkbox"/> Delete
NAME	MCGONIGLE, MARK E	
STREET ADDRESS	1 PARK AVE	
CITY-ST-ZIP	MAPLE SHADE NJ 08052	
TITLE	CBD	<input type="checkbox"/> Delete
NAME	KARMAN, J A	
STREET ADDRESS	2628 PEARL RD.	
CITY-ST-ZIP	MEDINA OH	
TITLE	SV	<input type="checkbox"/> Delete
NAME	POULSON, LARRY D	
STREET ADDRESS	350 HANLEY IND. CT.	
CITY-ST-ZIP	SAINT LOUIS MO 63144	
TITLE	S	<input type="checkbox"/> Delete
NAME	TOMPKINS, P K	
STREET ADDRESS	2628 PEARL RD	
CITY-ST-ZIP	MEDINA OH 44258	
TITLE	AS	<input type="checkbox"/> Delete
NAME	RICE, RONALD A	
STREET ADDRESS	2628 PEARL RD	
CITY-ST-ZIP	MEDINA OH 44256	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David P Reif	
STREET ADDRESS	1 Park Ave	
CITY-ST-ZIP	Maple Shade NJ 08052	
TITLE	SV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael S Mertens	
STREET ADDRESS	350 Hanley Industrial Ct	
CITY-ST-ZIP	St. Louis MO 63144	
TITLE	ASST Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles M Kruse	
STREET ADDRESS	350 Hanley Industrial Ct	
CITY-ST-ZIP	St. Louis MO 63144	
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		
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

Date

Daytime Phone #

CR2E034 (10/00)