FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 15, 2001 8:00 am **DOCUMENT # 854880 Secretary of State** 1. Entity Name FOAM APPLICATIONS, INC. 02-15-2001 90097 013 \*\*\*158.75 Principal Place of Business Mailing Address 2739 JOHNSON ROAD 2739 JOHNSON RD C0022083 HUNTSVILLE AL 35805-2840 **HUNTSVILLE AL 35805** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 63-0599990 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired KΧ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change NAME' SIMPSON, WILLIAM R. NAME STREET ADDRESS STREET ADDRESS 1615 DRAKE AVE. CITY-ST-ZIP CITY-ST-ZIP HUNTSVILLE AL TITLE ☐ Delete TITLE ☐ Change ■ Addition ST NAME NAME SIMPSON, KIMBERLY J STREET ADDRESS STREET ADDRESS 1615 DRAKE AVE. CITY-ST-ZIP CITY-ST-ZIP <u>Huntsville</u> al TITLE Delete TITLE ☐ Change - Addition -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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:

Wm. R. Simpson, President 02/13/2001 256-883-6704