

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F00000001377

FILED  
May 01, 2002 8:00 AM  
Secretary of State

Entity Name: COMBUSTION PRODUCTS MANAGEMENT, INC.

**Current Principal Place of Business:**

105 CHERRY STREET  
ITHACA, NY 14851

**New Principal Place of Business:**

**Current Mailing Address:**

105 CHERRY STREET  
ITHACA, NY 14851

**New Mailing Address:**

FEI Number: 16-1537373      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: REAMER, WILLI M  
Address: 105 CHERRY STREET  
City-St-Zip: ITHACA, NY 14851

Title: V ( ) Delete  
Name: PERRYMAN, LARRY  
Address: 105 CHERRY STREET  
City-St-Zip: ITHACA, NY 14851

Title: S ( ) Delete  
Name: WALLACE, MICHELE  
Address: 105 CHERRY STREET  
City-St-Zip: ITHACA, NY 14851

Title: CD ( ) Delete  
Name: WALLACE, NEIL  
Address: 105 CHERRY STREET  
City-St-Zip: ITHACA, NY 14851

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEIL WALLACE

CD

05/01/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date