

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90369 047 ***150.00

DOCUMENT # **F00000004426**

1. Entity Name

NORTHWESTERN WATERPROOFING COMPANY

Principal Place of Business

**13800 ECKLES ROAD
LIVONIA MI 48150**

Mailing Address

**13800 ECKLES ROAD
LIVONIA MI 48150**

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

38-1164400

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAZUR, ROBERT 13800 ECKLES ROAD LIVONIA MI 48150 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MAZUR, JOHN 13800 ECKLES ROAD LIVONIA MI 48150 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOULE, KEVIN 13800 ECKLES ROAD LIVONIA MI 48150 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MAZUR, EVELYN 13800 ECKLES ROAD LIVONIA MI 48150 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

MAZUR, EVELYN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/02

CR2E034 (9/01)

YEAR OF
FILE PRIOR TO: 2002

04/01/02

STATE OF ILLINOIS
FOREIGN CORPORATION ANNUAL REPORT

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

CORPORATION
FILE NO.

F 5342-212-8

1.) NOTE: A Change in the registered agent and/or registered office may only be effected by filing form BCA-5.10/5.20. If there have been any changes in items 6. or 7a; the enclosed BCA-14.30 must be completed and submitted in the same envelope.

2.) CORPORATE NAME, REGISTERED AGENT, REGISTERED OFFICE, CITY, IL, ZIP CODE

WESTERN WATERPROOFING COMPANY
% C T CORPORATION SYSTEM
208 SOUTH LASALLE STREET
CHICAGO, IL. 60604-1136

041184

COOK
COUNTY

3a.) State or Country of incorporation:

MI

3b.) Date Qualified To Do Business In IL:

04/11/1984

4a.) The names and residential addresses of ALL officers & directors MUST be listed here!

OFFICE	NAME	NUMBER & STREET	CITY	STATE	ZIP
President	ROBERT MAZUR,	13800 ECKLES ROAD,	LIVONIA,	MI	48150
Secretary	JOHN MAZUR,	13800 ECKLES ROAD,	LIVONIA,	MI	48150
Treasurer	KEVIN HOULE,	13800 ECKLES ROAD,	LIVONIA,	MI	48150
Director	EVELYN MAZUR,	13800 ECKLES ROAD,	LIVONIA,	MI	48150
Director					
Director					

5.) If 51% or more of the stock is owned by a minority or female, please check appropriate box

☐ Minority Owned

☐ Female Owned

6.) Number of shares authorized and issued (as of 01/31/02):

CLASS	SERIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER ISSUED
COMMON	VO	.01000	10000	10000.000
COMMON	NO	.01000	1000000	433751.000

IMPORTANT: Whenever the amount in item 6 or 7a differs from the Secretary of State's records, the enclosed BCA 14.30 must be completed.

7a.) The amount of paid-in capital as of 01/31/02 is: \$ 113,774

7b.) The Paid-in Capital on record with the Secretary of State is: \$ 113,774

(Paid-in Capital reflects the sum of the stated Capital and Paid-in surplus accounts.)

8.) By _____
(ANY AUTHORIZED OFFICER'S SIGNATURE) (Title) (Date)

RETURN TO:
Jesse White
Secretary of State
Department of Business Services
Springfield, IL 62756
Telephone (217) 782-7808

ITEM 8 MUST BE SIGNED!

Under the penalty of perjury and as an authorized officer, I declare that this annual report, pursuant to provisions of the Business Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete.

(PLEASE COMPLETE THE REVERSE SIDE OF THIS REPORT)

PRESIDENT ROBERT MAZUR 13800 ECKLES RD LIVONIA MI 48150

SECRETARY JOHN MAZUR SAME

IF THE ABOVE OFFICERS' NAMES AND ADDRESSES ARE MISSING OR HAVE CHANGED, ENTER ONLY THE ADDITIONS OR CORRECTIONS BELOW.

F 5342-212-8
File No.

PRESIDENT
NAME STREET ADDRESS CITY STATE ZIP CODE

SECRETARY

Visit
<http://www.kysos.com/arponline>
for instructions on filing this annual
report over the Internet

Attachment #F00000004426
752154
COMMONWEALTH OF KENTUCKY
JOHN Y. BROWN III, SECRETARY OF STATE
ANNUAL REPORT
(See Reverse Side for Filing Instructions)

RECORD # 0287186

DUE JUNE 30, 2002

(4) FILING FEE

\$15.00

(1) EXACT CORPORATE NAME AND CURRENT PRINCIPAL OFFICE ADDRESS

WESTERN WATERPROOFING COMPANY OF MICHIGAN, INC.
(C-R)
13800 ECKLES RD.
LIVONIA, MI 48150

STATE OR COUNTRY OF INCORPORATION

MI

(2) THE PRINCIPAL OFFICE ADDRESS IS HEREBY CHANGED TO

(6) DATE OF INCORPORATION OR DATE
AUTHORIZED TO TRANSACT BUSINESS

06/07/1991

(3) CURRENT REGISTERED AGENT AND REGISTERED OFFICE ADDRESS

Changes made to the registered agent or registered office cannot be made on this form.
Complete (7) to request a form to be mailed or download form from web site.

C. T. CORP. SYSTEM
KY. HOME LIFE BLDG., RM. 1102
LOUISVILLE, KY 40202

(7) MAIL A STATEMENT OF CHANGE OF AGENT OR OFFICE TO

(8) PRINCIPAL OFFICERS If the corporation has previously filed an annual report, verify the names & titles of officers listed below. Please note any additions to or changes in the principal officers and give the address for each person listed. If (8) is blank, type or print the names & business addresses of the current principal officers. If sole officer, please note.

President	Robert Mazur	13800 ECKLES RD., LIVONIA, MI 48150
Vice President	John Mazur	13800 ECKLES RD., LIVONIA, MI 48150
Secretary	John Mazur	13800 ECKLES RD., LIVONIA, MI 48150
Treasurer	Kevin Houle	13800 ECKLES RD., LIVONIA, MI 48150

(9) DIRECTORS Type or print the names and business addresses of the corporation's directors. No listing of directors is verification that the corporation has dispensed with directors. Nonprofit corporations must list three (3) or more directors.

EVELYN MAZUR	13800 ECKLES RD., LIVONIA, MI 48150
Name	Address
Name	Address
Name	Address
Name	Address

I VERIFY THAT INFORMATION IN THIS ANNUAL REPORT IS CURRENT AS OF THE DATE THIS REPORT IS EXECUTED.

TITLE

DATED

Attachment
1 = 00000064426
752154



**FOREIGN CORPORATION OCCUPATION TAX REPORT
STATE OF NEBRASKA, SECRETARY OF STATE**

Report shall show exact corporate name, registered agent,
location of registered office, officers, and directors with street address of each.

NORTHWESTERN WATERPROOFING COMPANY

1670224

FOR CALENDAR YEAR COMMENCING
JANUARY, 1

2002

DELINQUENT APRIL 16, 2002

C T CORPORATION SYSTEM
SUITE 500
301 S. 13TH STREET
LINCOLN NE 68508

1. EXACT CORPORATE NAME (as stated in articles of incorporation or most recent amendment)
NORTHWESTERN WATERPROOFING COMPANY

2. OFFICERS (complete name and address is required for each officer and director)

Name	Street Address	City	State	Zip
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President:

ROBERT MAZUR, 13800 ECKLES ROAD, LIVONIA, MI 48150
Secretary:

JOHN MZUR, 13800 ECKLES ROAD, LIVONIA, MI 48150
Treasurer:

KEVIN HOULE, 13800 ECKLES ROAD, LIVONIA, MI 48150
3. Principal Office of Corporation:

13800 ECKLES ROAD, LIVONIA, MI 48150
4. Registered Office: SUITE 500 LINCOLN NE 68508
301 S. 13TH STREET

5. Registered Agent: C T CORPORATION SYSTEM

6. Nature of Business:

CONSTRUCTION - WATERPROOFING

7. Under the laws of what state or country is the corporation organized?
MI

8. Location of property owned or used in Nebraska:

N/A

9. If you are not required to file an agricultural activity report (see instructions) OR there have been no changes to the agricultural activity report currently on file with the Secretary of State - Check Here ☒ Otherwise return agricultural activity report completed

YOU MUST COMPLETE THESE TWO ITEMS	ACTUAL VALUE OF REAL ESTATE AND PERSONAL PROPERTY IN NEBRASKA	\$ 0.00
	OCCUPATION FEE (Fee Schedule on Page 2 of report)	\$ 26.00

MAKE CHECKS PAYABLE TO SECRETARY OF STATE Your Cancelled Check is Your Receipt

SIGN HERE

Signature of Officer

Printed name of officer

DATE

Attached
 # F000000004426 Page 2
 752154

FOREIGN CORPORATION OCCUPATION TAX REPORT
STATE OF NEBRASKA, SECRETARY OF STATE 1670224

10. DIRECTORS

Name	Street Address	City	State	ZIP
EVELYN MAZUR	13800 ECKLES ROAD	LIVONIA	MI	48150

USE ADDITIONAL PAGES IF NEEDED

OCCUPATION TAX FEE SCHEDULE

Value of Property in Nebraska	Fee	Value of Property in Nebraska	Fee
\$ 0.00 - 10,000.00	\$ 26.00	\$ 350,000.01 - 400,000.00	\$ 666.00
10,000.01 - 20,000.00	40.00	400,000.01 - 450,000.00	730.00
20,000.01 - 30,000.00	60.00	450,000.01 - 500,000.00	800.00
30,000.01 - 40,000.00	80.00	500,000.01 - 600,000.00	910.00
40,000.01 - 50,000.00	100.00	600,000.01 - 700,000.00	1,010.00
50,000.01 - 60,000.00	120.00	700,000.01 - 800,000.00	1,120.00
60,000.01 - 70,000.00	140.00	800,000.01 - 900,000.00	1,230.00
70,000.01 - 80,000.00	160.00	900,000.01 - 1,000,000.00	1,330.00
80,000.01 - 90,000.00	180.00	1,000,000.01 - 2,000,000.00	2,130.00
90,000.01 - 100,000.00	200.00	2,000,000.01 - 3,000,000.00	2,930.00
100,000.01 - 125,000.00	240.00	3,000,000.01 - 4,000,000.00	3,730.00
125,000.01 - 150,000.00	280.00	4,000,000.01 - 5,000,000.00	4,530.00
150,000.01 - 175,000.00	320.00	5,000,000.01 - 6,000,000.00	5,330.00
175,000.01 - 200,000.00	360.00	6,000,000.01 - 7,000,000.00	6,130.00
200,000.01 - 225,000.00	400.00	7,000,000.01 - 8,000,000.00	6,930.00
225,000.01 - 250,000.00	440.00	8,000,000.01 - 9,000,000.00	7,730.00
250,000.01 - 275,000.00	480.00	9,000,000.01 - 10,000,000.00	8,530.00
275,000.01 - 300,000.00	520.00	10,000,000.01 - 15,000,000.00	12,000.00
300,000.01 - 325,000.00	560.00	15,000,000.01 - 20,000,000.00	14,660.00
325,000.01 - 350,000.00	600.00		
		When Value Exceeds \$20,000,000	15,000.00

SECRETARY OF STATE 1305 State Capitol P.O. Box 94608 Lincoln, NE 68509-4608

The names of all officers and directors should be those person holding office on January 1, 2002. Failure to file the form and pay the tax by April 15 will cause an automatic dissolution of the corporation by operation of law.