

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000005696

1. Entity Name
MACROTECH POLYSEAL, INC.



Principal Place of Business
**1750 WEST FIFTH SOUTH
SALT LAKE CITY, UT 84104**

Mailing Address
**1750 WEST FIFTH SOUTH
SALT LAKE CITY, UT 84104**



04062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
87-0532152

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEXIS DOCUMENT SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301**

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing.)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	ZITTING, GORDON T
STREET ADDRESS	1750 WEST FIFTH SOUTH
CITY-ST-ZIP	SALT LAKE CITY, UT 84104
TITLE	ST
NAME	CAWLEY, CLAUDE T
STREET ADDRESS	1750 WEST FIFTH SOUTH
CITY-ST-ZIP	SALT LAKE CITY, UT 84104
TITLE	V
NAME	ZITTING, RONALD K
STREET ADDRESS	1750 WEST FIFTH SOUTH
CITY-ST-ZIP	SALT LAKE CITY, UT 84104
TITLE	V
NAME	DUKE, JAY T
STREET ADDRESS	1750 WEST FIFTH SOUTH
CITY-ST-ZIP	SALT LAKE CITY, UT 84104
TITLE	V
NAME	YARRISH, ALFRED
STREET ADDRESS	1750 WEST FIFTH SOUTH
CITY-ST-ZIP	SALT LAKE CITY, UT 84104
TITLE	
NAME	<i>Claude T. Cawley</i>
STREET ADDRESS	
CITY-ST-ZIP	

U00000300973
04/15/05-80037-007 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 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 #