2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 31, 2001 08:00 AM F92000000572 DOCUMENT# 1. Entity Name **Secretary of State** COROTECH, INC. Principal Place of Business Mailing Address 17181 TAFT STREET 17181 TAFT STREET SPRING LAKE ΜI SPRING LAKE ΜI 49456 49456 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 38-2043310 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL33324 US 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 01/31/2001 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 After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition X Change MAME HELDER LINDA L NAME WARNER BRENDA K. 17181 TAFT ST. STREET ADDRESS STREET ADDRESS 17181 TAFT ST. SPRING LAKE CITY-ST-ZIP МІ SPRING LAKE CITY-ST-ZIP PTD ☐ Delete TITLE ☐ Change NAME WILTERDINK DOUGLAS NAME STREET ADDRESS 17181 TAFT ST. STREET ADDRESS CITY-ST-ZIP SPRING LAKE МІ CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition COUTRE NAME STREET ADDRESS 17181 TAFT ST. STREET ADDRESS CITY-ST-ZIP SPRING LAKE МІ CITY-ST-ZIP ☐ Delete Сhапде TITLE ☐ Addition VANHOUTEN MITCH NAME STREET ADDRESS 17181 TAFT ST. STREET ADDRESS CITY-ST-ZIP SPRING LAKE MI 49456 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

CONT

01/31/2001

Daytime Phone #

Date

DONALD L. SILVIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

CR2E034 (11/00)