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Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000000951 (4)

1. Corporation Name

MACK OIL/WATER SEPARATOR SYSTEMS, INC.



Principal Place of Business

201 COLUMBIA ROAD
VALLEY CITY OH 44280

Mailing Address

201 COLUMBIA ROAD
VALLEY CITY OH 44280-9706

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

KNOTTS, GREGORY
1202 DEER LAKE CIRCLE
APOKA FL 32712

3. Date Incorporated or Qualified

03/05/1993

3a. Date of Last Report

05/03/1996

4. FEI Number

34-1048591

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person or persons of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	
NAME	KNOTTS, SARAH	1.2 NAME	
STREET ADDRESS	1202 DEER LAKE CIRCLE	1.3 STREET ADDRESS	
CITY - ST - ZIP	APOKA FL	1.4 CITY - ST - ZIP	
TITLE	VCST	2.1 TITLE	
NAME	NESPECA, BETSY	2.2 NAME	
STREET ADDRESS	7561 AVON LAKE RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	LODI OH	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	MACK, DOUGLAS	3.2 NAME	
STREET ADDRESS	1229 W. RIVER ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	VALLEY CITY OH	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	
NAME	MACK, EMILY	4.2 NAME	
STREET ADDRESS	1229 W. RIVER ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	VALLEY CITY OH	4.4 CITY - ST - ZIP	
TITLE	VP	5.1 TITLE	
NAME	MACK, HOWARD	5.2 NAME	
STREET ADDRESS	1229 W RIVER RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	VALLEY CITY OH	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)