

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90097 029 ***150.00

0593948

DOCUMENT # F93000002947

1. Entity Name
TEX-SHIELD, INC.

Principal Place of Business

Mailing Address

~~8699 MIDLANTIC DR~~
~~110 SOUTH~~
~~MT. LAUREL NJ 08054~~
~~US~~

8000 MIDLANTIC DR
 110 SOUTH
 MT. LAUREL NJ 08054
 US

2. Principal Place of Business

3. Mailing Address

700 W GRANADA BLVD

11350 RANDOM HILLS RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

107

SUITE 800

City & State

City & State

ORMOND BEACH FL

FAIRFAX VA

Zip

Country

Zip

Country

32174

22030

4. FEI Number **22-3064389**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SESSIONS, JERRY
700 W GRANADA BLVD STE 107
ORMOND BEACH FL 32174

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 _____ (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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Delete
DCP
BLUCHER, HASSO VON
 STREET ADDRESS **PARKSTRASSE 10, 40699 ERKRATH**
 CITY-ST-ZIP **GERMANY**

TITLE NAME Change Addition
VP
JERRY SESSIONS
 STREET ADDRESS **700 W. GRANADA BLVD STE 107**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE NAME Delete
VP
ALEXANDROFF, EUGENE
 STREET ADDRESS **757 WESTFIELD ROAD**
 CITY-ST-ZIP **MOORESTOWN NJ 08057**

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change 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: Jerry Sessions
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRY SESSIONS

4-2-01

384-672-7448

Date

Daytime Phone #

CFR2E034 (10/00)