

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 15, 2001 08:00 AM**
Secretary of State**DOCUMENT # F93000004821**1. Entity Name
ORION CEM, INC.

Principal Place of Business	Mailing Address
6240 SHILOH RD	6240 SHILOH RD
ALPHARETTA GA 30005 US	ALPHARETTA GA 30005 US

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

58-1693218

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSIMPSON LARRY D
1102 NORTH GADSDEN ST.TALLAHASSEE FL
32303 US**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 _____ **03/15/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

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

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

TITLE	<input type="checkbox"/> Delete
NAME	DP
STREET ADDRESS	FOSSITT DANIEL S
CITY-ST-ZIP	140 WAVERLY WAY NE ATLANTA GA

TITLE	<input type="checkbox"/> Delete
NAME	DVT
STREET ADDRESS	BERKOVICH IGOR A
CITY-ST-ZIP	9980 BANKSIDE DR ROSWELL GA 30076

TITLE	<input type="checkbox"/> Delete
NAME	DVS
STREET ADDRESS	RUMPH HOLLAND P
CITY-ST-ZIP	10175 CRESCENT HILL ROSWELL GA

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WESTMAN TIMOTHY G	
STREET ADDRESS	8000 WEST FLORISSANT AVE.	
CITY-ST-ZIP	ST. LOUIS MO 63136	

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLEY GLENN R	
STREET ADDRESS	8000 MARYLAND AVE. SUITE 500	
CITY-ST-ZIP	CLAYTON MO 63105	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSSITT DANIEL S	
STREET ADDRESS	140 WAVERLY WAY NE	
CITY-ST-ZIP	ATLANTA GA	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKOVICH IGOR A	
STREET ADDRESS	9980 BANKSIDE DR	
CITY-ST-ZIP	ROSWELL GA 30076	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUMPH HOLLAND P	
STREET ADDRESS	10175 CRESCENT HILL	
CITY-ST-ZIP	ROSWELL GA	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: IGOR A. BERKOVICH

VD

03/15/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)