

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90154 026 ***550.00

DOCUMENT # F93000004821

1. Entity Name
ORION CEM, INC.

(P)

Principal Place of Business
**6240 SHILOH RD
ALPHARETTA GA 30005
US**

Mailing Address
**6240 SHILOH RD
ALPHARETTA GA 30005
US**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Zip Country

4. FEI Number **58-1693218** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**SIMPSON, LARRY D
1102 NORTH GADSDEN ST.
TALLAHASSEE FL 32303**

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	PD	<input type="checkbox"/> Delete	TITLE	V. Pres. - Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUMPH, HOLLAND P		NAME	Rumph, Holland P	
STREET ADDRESS	10175 CRESCENT HILL		STREET ADDRESS	10175 Crescent Hill	
CITY-ST-ZIP	ROSWELL GA		CITY-ST-ZIP	Roswell, GA 30076	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	President - Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERKOVICH, IGOR A		NAME	Nyquist, Jim	
STREET ADDRESS	9980 BANKSIDE DR		STREET ADDRESS	8301 Cameron Road	
CITY-ST-ZIP	ROSWELL GA 30076		CITY-ST-ZIP	Austin, TX 78757	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOSSITT, DANIEL S		NAME	Stark, Walter	
STREET ADDRESS	140 WAVERLY WAY NE		STREET ADDRESS	8100 West Florissant Ave	
CITY-ST-ZIP	ATLANTA GA		CITY-ST-ZIP	St. Louis, MO 63136	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WESTMAN, TIMOTHY G		NAME	Frazier, Jack	
STREET ADDRESS	8000 WEST FLORISSANT AVE.		STREET ADDRESS	8301 Cameron Road	
CITY-ST-ZIP	ST. LOUIS MO 63136		CITY-ST-ZIP	Austin, TX 78757	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLEY, GLENN R		NAME		
STREET ADDRESS	8000 MARYLAND AVE. SUITE 500		STREET ADDRESS		
CITY-ST-ZIP	CLAYTON MO 63105		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			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.

SIGNATURE: *Igor A. Berkovich* **7/18/02** **770 458 4535**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)