

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State

07-15-2002 90188 040 ***550.00

DOCUMENT # F94000001404

1. Entity Name
MONTANA PRODUCTS, INC.

Principal Place of Business

9287 SMUCKER ROAD
 ORRVILLE OH 44667

Mailing Address

9287 SMUCKER ROAD
 ORRVILLE OH 44667

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 **34-1209518**

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 Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

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

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 \$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 NAME **VD** ☒ Delete
KRUEGER, DENNIS
 STREET ADDRESS **6354 RICE HILL RD**
 CITY-ST-ZIP **BURBANK OH**

TITLE NAME **General Manager / VP** ☐ Change ☒ Addition
Robert Olszak
 STREET ADDRESS **10117 Deer Run**
 CITY-ST-ZIP **Brecksville, OH 44141**

TITLE NAME **CP** ☐ Delete
PETERSON, NANCY J
 STREET ADDRESS **7431 RICE HILL RD**
 CITY-ST-ZIP **BURBANK OH**

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME **VPRD** ☐ Delete
ANDREWS, JEFF
 STREET ADDRESS **8793 CEDAR VALLEY ROAD**
 CITY-ST-ZIP **WEST SALEM OH 44287**

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME **VPP** ☐ Delete
PETERSON, MALCOLM W
 STREET ADDRESS **6610 RICE HILL ROAD**
 CITY-ST-ZIP **BURBANK OH 44214**

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 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:

Handwritten Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-02

330-669-8512

Date

Daytime Phone #

CR2E034 (4/02)