Mailing Address

3000 CONTINENTAL DR. N

MOUNT OLIVE NJ 07828-1234

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400002818

1. Corporation Name

Principal Place of Business

MOUNT OLIVE NJ 07828-1234

3000 CONTINENTAL DR. N

AUTOMOTIVE REFINISH TECHNOLOGIES, INC.

						3. Date Incorporated or Qualifed	
}						05/27/1994	1
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For	r
21 3000 Cd	ontinental Dr N.	26 3000 Continent	al Dr	_	M	38-3098933 Not Applica	able
Suite, Apt.		Suite, Apt. #, etc.	0 1 DI .		-14	5. Certificate of Status Desired \$8.75 Additiona	al
22		27				5. Certificate of Status Desired Fee Required	
City & Stat	е	City & State				6. Election Campaign Financing \$5.00 May Be	1
23 Mount (Dlive, NJ	28 Mount Olive, N.	J			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Counti	ry	***	8. This corporation owes the current year Intangible	
24 07828	25	29 07828	30			Personal Property Tax. ☐ Yes ☐ No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent	
			8	11	Name		j
	CORPORATION SYSTEM		8	2	Street Ac	ddress (P.O. Box Number is Not Acceptable)	\dashv
1	SOUTH PINE ISLAND ROAD		"	-	Olloct Ac	duress (1.10. Box Hamber is Hat Acceptable)	
PLAN	NTATION FL 33324		8	13			
			-	_	-	O= 7:- Code	-
			8	4	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the abo	ve-	named co	ornoration submits this statement for the purpose of changing its registere	ed
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	if Florida. Such change was au	thorized b	y ti	he corpora	ration's board of directors. I hereby accept the appointment as registered	
agent. i a	m tamiliai with, and accept the obligati	ons of, Section 607.0505, Flori	ua Statute	53.			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Ag	jent :	signature reg	guired when reinstating) DATE	. 1
12.	OFFICERS AND	<u>''</u>	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13	2
TITLE	PD	☐ DELETE	1.1 TITLE	:		☐ Change ☐ Ado	dition
NAME	MONTES		1.2 NAME	E		•	
STREET ADDRESS	400 GALLERIA OFFICENTER, SI	JITE 217	1.3 STRE	ETA	ADDRESS		İ
CITY-ST-ZIP	SOUTHFIELD MI		1.4 CITY-	·ST-	ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE			☐ Change ☐ Ado	dition
NAME	MARK A KERSCHNER		2.2 NAME	E			
STREET ADDRESS	3000 CONTINENTAL DR		2.3 STRE	ET A	ADDRESS		
CITY-ST-ZIP	MOUNT OLIVE NJ		2. 4 CITY		ľ		
TITLE	S	☐ DELETE	3.1 TITLE		-	☐ Change ☐ Ado	dition
NAME	HILL, GEORGE T		3.2 NAME			.	
STREET ADDRESS	3000 CONTINENTAL DR.				ADDRESS		
	MOUNT OLIVE NJ		3.4. CITY				
CITY-ST-ZIP TITLE	AS	☐ DELETE	4.1 TITLE		- 211	☐ Change ☐ Ado	Idition
NAME	PHILIP E. KAPLAN		4. 2 NAM			_	ļ
	3000 CONTINENTAL DR			_	ADDRESS		
STREET ADDRESS							ļ
CITY-ST-ZIP	MOUNT OLIVE NJ	☐ DELETE	4.4 CITY- 5.1 TITLE		<u> </u>	☐ Change ☐ Adv	Idition
		C OCCU	5.1 INLE				
NAME					ADDRESS		
STREET ADDRESS			5.4 CITY-			·	
CITY-ST-ZIP		- DELETE	6.1 TITLE		ZIF	☐ Change ☐ Add	dition
TITLE		☐ DELETE	į.			Change Add	G,tior:
NAME			6.2 NAME	_	1		}

14. 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 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, with all other like empowered.

63 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Philip E. Kaplans SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

973-426-3068

Daytime Phone #

FILED May 11, 1999 8:00 am Secretary of State

05-11-1999 90033 023 ***150.00

DO NOT WRITE IN THIS SPACE

544955-90033-23 F94000002818

POR CONTROL OF THE PROPERTY OF

3000 Continental Drive - North Mount Olive, NJ 07828-1234 **Business Address** Mark A. Kerschner Name

AUTOTIVE REFINISH TECHNOLOGIES, INC. - DIRECTORS

26701 Telegraph Road Southfield, MI 48034-5009

Frank McKulka

AUT MOTIVE REFIN. JH TECHNOLOGIES, INC. - OFFICERS

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Title	Name	Business Address
President	John Montes	400 Galleria Officenter Suite 217 Southfield, MI 48043
Treasurer	Mark A. Kerschner	3000 Continental Drive - North Mount Olive, NJ 07828-1234
Secretary	George T. Hill	3000 Continental Drive - North Mount Olive, NJ 07828-12324
Assistant Secretary	Philip Kaplan	3000 Continental Drive - North Mount Olive, NJ 07828-1234
Assistant Treasurer	Manfredo Rübens	3000 Continental Drive - North Mount Olive, NJ 07828-1234

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