

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90084 050 \*\*\*150.00

**DOCUMENT # F94000002818**

1. Entity Name

**AUTOMOTIVE REFINISH TECHNOLOGIES, INC.****A0004331**

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
CONTINENTAL DR. N  
MOUNT OLIVE NJ 07828-1234  
US

Mailing Address  
3000 CONTINENTAL DR. N  
MOUNT OLIVE NJ 07828-1202  
US

2. Principal Place of Business  
3000 Continental Dr. N.  
Suite, Apt. #, etc.

3. Mailing Address  
3000 Continental Dr. - N.  
Suite, Apt. #, etc.

City & State  
Mount Olive, NJ

City & State  
Mount Olive, NJ

4. FEI Number **38-3098933**  
Applied For  
Not Applicable

Zip Country  
07828

Zip Country  
07828

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

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 \_\_\_\_\_  
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, 2000 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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTES		NAME		
STREET ADDRESS	400 GALLERIA OFFICENTER, SUITE 217		STREET ADDRESS		
CITY-ST-ZIP	SOUTHFIELD MI		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK A KERSCHNER		NAME		
STREET ADDRESS	3000 CONTINENTAL DR		STREET ADDRESS		
CITY-ST-ZIP	MOUNT OLIVE NJ		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, GEORGE T		NAME		
STREET ADDRESS	3000 CONTINENTAL DR.		STREET ADDRESS		
CITY-ST-ZIP	MOUNT OLIVE NJ		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILIP E. KAPLAN		NAME		
STREET ADDRESS	3000 CONTINENTAL DR		STREET ADDRESS		
CITY-ST-ZIP	MOUNT OLIVE NJ		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		
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** **Philip E. Kaplan** Asst. Secretary  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/00** **(973) 426-3068**  
Date Daytime Phone #

AUTOMOTIVE REFINISH TECHNOLOGIES, INC.  
- OFFICERS

#F9400002818  
400064951

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 E. Kaplan	3000 Continental Drive - North Mount Olive, NJ 07828-1234
Assistant Treasurer	Robert S. Winkworth	3000 Continental Drive - North Mount Olive, NJ 07828-1234

AUTOMOTIVE REFINISH TECHNOLOGIES, INC.  
- DIRECTORS

#F9400002818  
A0064951

Name	Business Address
Mark A. Kerschner	3000 Continental Drive - North Mount Olive, NJ 07828-1234
Frank McKulka	26701 Telegraph Road Southfield, MI 48034-5009