

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003890

1. Entity Name

HASTINGS MANUFACTURING COMPANY

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90057 012 ***150.00

1 3 3 2 2 3



DO NOT WRITE IN THIS SPACE

Principal Place of Business 325 N. HANOVER HASTINGS MI 49058	Mailing Address 325 N. HANOVER HASTINGS MI 49058
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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4. FEI Number	38-0633740	Applied For
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5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

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 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 DV ☐ Delete

NAME GUENTHER, JEFFREY P

STREET ADDRESS 1029 S MICHIGAN AVE

CITY-ST-ZIP HASTINGS MI 49058

TITLE DV ☐ Delete

NAME JOHNSON, ANDREW F

STREET ADDRESS 1006 W. CLINTON STREET

CITY-ST-ZIP HASTINGS MI 49058

TITLE DV ☐ Delete

NAME JOHNSON, MARK R

STREET ADDRESS 11155 HASTINGS POINT ROAD

CITY-ST-ZIP MIDDLEVILLE MI 49333

TITLE DV ☐ Delete

NAME KOOP, DALE W

STREET ADDRESS 577 INDIAN HILLS DRIVE

CITY-ST-ZIP HASTINGS MI 49058

TITLE DV ☐ Delete

NAME BENNETT, MONTY C

STREET ADDRESS 1706 S. BROADWAY

CITY-ST-ZIP HASTINGS MI 49058

TITLE ☐ Delete

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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: _____ R. ZWIERNIKOWSKI 3/23/01 (616) 945-2491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)