

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State
 03-03-2000 90241 005 ***150.00

DOCUMENT # F95000000203

1. Entity Name
MCWHORTER TECHNOLOGIES, INC.

Principal Place of Business Mailing Address
 100 E. COTTAGE AVE. 400 E. COTTAGE AVE.
 CARPENTERSVILLE IL 60110 CARPENTERSVILLE IL 60110-1878

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **36-3919940** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. 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. ☐ **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	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEVENSON, JOHN		NAME		
STREET ADDRESS	2120 PERSIMMON DR		STREET ADDRESS		
CITY-ST-ZIP	ST CHARLES IL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NODLAND, JEFF		NAME		
STREET ADDRESS	535 SPRUCE TREE DR		STREET ADDRESS		
CITY-ST-ZIP	CARY IL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COLLINS, MICHELLE		NAME	V.S Warren Grayson	
STREET ADDRESS	801 S. PLYMOUTH COURT, UNIT R		STREET ADDRESS	1013 N. Kaspar Ave.	
CITY-ST-ZIP	CHICAGO IL 60605		CITY-ST-ZIP	Arlington Heights, IL 60004	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRIS, D. GEORGE		NAME		
STREET ADDRESS	60 E. END AVE, APT. 38A		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10028		CITY-ST-ZIP		
TITLE	VTS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOUISE TONOZZI-FREDERICK		NAME	VT	
STREET ADDRESS	9613 S. MENARD		STREET ADDRESS		
CITY-ST-ZIP	OAK LAWN IL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHN G. JOHNSON, JR		NAME		
STREET ADDRESS	1293 W. QUAIL HOLLOW LN		STREET ADDRESS		
CITY-ST-ZIP	PALATINE IL		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: *Louise M. Tonozzi-Frederick* **Louise M Tonozzi-Frederick, 2/17/00 847-428-2657**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)