

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90100 021 ***150.00

0650317 AT

DOCUMENT # F95000000964

1. Entity Name
COLLOID ENVIRONMENTAL TECHNOLOGIES COMPANY



Principal Place of Business
**ONE NORTH ARLINGTON
1500 W. SHURE DR.
ARLINGTON HEIGHTS IL 60004**

Mailing Address
**ONE NORTH ARLINGTON
1500 W. SHURE DR.
ARLINGTON HEIGHTS IL 60004**



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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **36-3741521**

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

6. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

Applied For
Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CT <input type="checkbox"/> Delete GARY, CASTAGNA L 1500 W. SHURE DR ARLINGTON HEIGHTS IL 60004 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V <input type="checkbox"/> Delete JAMES, PAPP 1500 W SHURE DR ARLINGTON HEIGHTS IL 60004 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete MAUL, PETER ONE NORTH ARLINGTON 1500 W. SHORE DR ARLINGTON HEIGHTS IL 60004 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P <input type="checkbox"/> Delete MCKENDRICK, RYAN ONE NORTH ARLINGTON, 1500 W. SHURE DR. ARLINGTON HEIGHTS IL 60004 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V <input type="checkbox"/> Delete CARPENTER, PAT ONE NOETH ARLINTON, 1500 W. SHARE DRIVE ARLINGTON HEIGHTS IL 60004 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S <input type="checkbox"/> Delete REDMAN, CLARENCE O ONE NORTH ARLINGTON, 1500 W. SHURE DR. ARLINGTON HEIGHTS IL 60004 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V:ac President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Robert Trauger 1500 W. Shure Dr. Arlington Hgts, IL. 60004 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY L. CASTAGNA **GARY L. CASTAGNA** **APRIL 25, 2003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)