

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90063 048 ***150.00

DOCUMENT # F95000003511

1. Entity Name

HANSON INTERNATIONAL, INC.

Principal Place of Business

**2900 S STATE ST
STE 5 E
ST JOSEPH MI 49085
US**

Mailing Address

**P.O. BOX 8
ST. JOSEPH MI 49085-0008**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

38-2702036

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HANSON, MERLIN J
100 LAKESHORE DR., T-51
NORTH PALM BEACH FL 33408**

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, 2002 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

TITLE	C	<input type="checkbox"/> Delete
NAME	HANSON, MERLIN J	
STREET ADDRESS	6130 EIDSON ROAD	
CITY-ST-ZIP	ST. JOSEPH MI 49085	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	BERNSON, J. D	
STREET ADDRESS	4290 SUNNYMEADE DRIVE	
CITY-ST-ZIP	ST. JOSEPH MI 49085	
TITLE	V	<input type="checkbox"/> Delete
NAME	STEMM, GENE	
STREET ADDRESS	1460 NELSON RD	
CITY-ST-ZIP	ST. JOSEPH MI 49085	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HANSON, GREGORY	
STREET ADDRESS	1575 CARDINAL DRIVE	
CITY-ST-ZIP	ST. JOSEPH MI 49085	
TITLE	V	<input type="checkbox"/> Delete
NAME	PATZKOWSKY, KEN	
STREET ADDRESS	1405 MILLER DR	
CITY-ST-ZIP	ST JOSEPH MI 49085	
TITLE	V	<input type="checkbox"/> Delete
NAME	CROSSMAN, H T	
STREET ADDRESS	3966 RED ARROW HWY	
CITY-ST-ZIP	ST JOSEPH MI 49085	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

THOMAS CROSSMAN 4-4-02 616-429-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2F034 (9/01)