

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2004 08:00 AM
Secretary of State

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**



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

0000000094654
03/23/04-80005-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

H. Thomas Crossman VP *H. THOMAS CROSSMAN* *3-18-04* *269-429-5555*