

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004573

1. Entity Name

FEDERAL MARINE TERMINALS, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90124 016 ***150.00

Principal Place of Business

Mailing Address

3434 E 95TH ST
CHICAGO IL 60617

650 MORTHAND DR
SUITE D
VALPARAISO IN 46385-6207
US

2. Principal Place of Business

415 SALMON DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORTAGE, INDIANA

City & State

4. FEI Number

36-2550597

Applied For

Not Applicable

Zip

46385

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 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 DC ☐ Delete
NAME PATHY, LAURENCE G
STREET ADDRESS 1000 DE LA GAUCHETIERE OUEST, MONTREAL
CITY-ST-ZIP QUEBEC, CANADA H3B 4W5

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME PEACOCK, JOHN J
STREET ADDRESS 1000 DE LA GAUCHETIERE OUEST, MONTREAL
CITY-ST-ZIP QUEBEC, CANADA H3B 4W5

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☒ Delete
NAME PETERSON, DAVID
STREET ADDRESS 650 MORTHAND DR., SUITE D
CITY-ST-ZIP VALPARAISO IN 46385

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WINTER, T H
STREET ADDRESS 1000 DE LA GAUCHETIERE OUEST, MONTREAL
CITY-ST-ZIP QUEBEC, CANADA H3B 4W5

TITLE ☒ Change ☐ Addition
NAME 650 MORTHAND DRIVE, SUITE D
STREET ADDRESS VALPARAISO, INDIANA 46385
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 21, 2000 (219) 464-9516

CR2E034 (9/99)