

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001501

1. Entity Name

DUPONT COMMERCIAL FLOORING SYSTEMS, INC.

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90059 009 ***150.00

Principal Place of Business
175 TOWN PARK DRIVE
SUITE 400
KENNESAW GA 30144

Mailing Address
C/O E.I. DU PONT DE NEMOURS & CO.
1007 MARKET STREET, D-13039
WILMINGTON DE 19898

D0029192



DO NOT WRITE IN THIS SPACE

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

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

4. FEI Number **94-3019044** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, 2001 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	CEO	<input checked="" type="checkbox"/> Delete
NAME	FINDLAY, DAVID K	
STREET ADDRESS	175 TOWN PARK DRIVE, SUITE 400	
CITY-ST-ZIP	KENNESAW GA 30144	
TITLE	P	<input type="checkbox"/> Delete
NAME	HOLCOMB, GARY	
STREET ADDRESS	175 TOWN PARK DR STE 400	
CITY-ST-ZIP	KENNESAW GA 30144	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	DENTZER, JAMES E	
STREET ADDRESS	175 TOWN PARK DR STE 400	
CITY-ST-ZIP	KENNESAW GA 30144	
TITLE	S	<input type="checkbox"/> Delete
NAME	BENNET, PETE	
STREET ADDRESS	175 TOWN PARK DR STE 400	
CITY-ST-ZIP	KENNESAW GA 30144	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FINDLAY, DAVID K	
STREET ADDRESS	+ 175 TOWN PARK DR STE 400	
CITY-ST-ZIP	KENNESAW GA 30144	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	LEA, LORIANN	
STREET ADDRESS	1007 MARKET ST	
CITY-ST-ZIP	WILMINGTON DE 19898	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSTY Abbott	
STREET ADDRESS	175 TOWN PARK Drive, Suite 400	
CITY-ST-ZIP	KENNESAW GA 30144	
TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Artell	
STREET ADDRESS	175 Town Park Drive, Suite 400	
CITY-ST-ZIP	Kennesaw, GA 30144	
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:

Pete Bennett Secretary

Feb. 5, 2001

770-792-4060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)