

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State
 05-10-2002 90032 045 ***150.00

DOCUMENT # F97000001796

1. Entity Name
K & M PLASTICS, INC.

Principal Place of Business

**1601 PRATT BLVD.
 ELK GROVE VILLAGE IL 60007**

Mailing Address

**1601 PRATT BLVD.
 ELK GROVE VILLAGE IL 60007**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-2338305

Applied For

Not Applicable

Zip

Country

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
DC MICALLET, A.M.
 STREET ADDRESS **4800 BRYANT IRVIN CT.**
 CITY-ST-ZIP **FT. WORTH TX 76107**

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

TITLE NAME ☒ Delete
DP POELLET, C.D.
 STREET ADDRESS **1601 PRATT BLVD.**
 CITY-ST-ZIP **ELK GROVE VILLAGE IL 60007**

TITLE NAME ☐ Change ☒ Addition
D.P. MICALLET, M.A.
 STREET ADDRESS **1601 PRATT BLVD.**
 CITY-ST-ZIP **ELK GROVE VILLAGE, IL 60007**

TITLE NAME ☒ Delete
DV LOWNEY, P.A.
 STREET ADDRESS **1601 PRATT BLVD.**
 CITY-ST-ZIP **ELK GROVE VILLAGE IL 60007**

TITLE NAME ☐ Change ☒ Addition
D.V. WILLIAMS, BRENDA
 STREET ADDRESS **1601 PRATT BLVD**
 CITY-ST-ZIP **ELK GROVE VILLAGE, IL 60007**

TITLE NAME ☐ Delete
S SNOODY, CATHY
 STREET ADDRESS **4800 BRYANT IAVIN CT**
 CITY-ST-ZIP **FT WORTH TX 76107**

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

TITLE NAME ☒ Delete
T MONAHAN, JIM
 STREET ADDRESS **4800 BRYANT IRVIN CTR**
 CITY-ST-ZIP **FORT WORTH TX 76107**

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 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

Date

Daytime Phone #

CR2E034 (9/01)