2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
04-03-2001 90014 044 ***150.00

U588/04

DOCUMENT # F97000003141

1. Entity Name
CMS VIRON CORPORATION

Principal Place of Business	Mailing Address
216 NW PLATTE VALLEY DR. RIVERSIDE MO 64150	216 NW PLATTE VALLEY DR. RIVERSIDE MO 64150

f90433

DO NOT WRITE IN THIS SPACE

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 43-1050856 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CBCE FRYLING, VICTOR J FAIRLANE PLAZA SOUTH, STE 1100 DEARBORN MI 48126	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CBCE JOOSD, DAVID W FAIRLANE PLAZA SOUTH, STE 1100 DEARBORN MI 48126	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC LEFERE, ROYAL P JR ONE JACKSON SQUARE JACKSON MI 49201	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC PALLAS, TAMELA W 1021 MAIN STREET, STE 2600 HOUSTON TX 77002	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MAHONEY, JOHN W 216 NORTHWEST PLATTE VALLEY DRIVE RIVERSIDE MO 64150	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS NORKEY, JOYCE H 212 W MICHIGAN AVENUE JACKSON MI 49201	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT MOUNTCASTLE, LAURA L FAIRLANE PLAZA SOUTH STE 900 DEARBORN MI 48126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT MCFERREN, SCOTT J FAIRLANE PLAZA SOUTH, STE 1100 DEARBORN MI 48126	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS MCNISH, THOMAS A 212 WEST MICHIGAN AVE JACKSON MI 49201	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS GUNDERMAN, DERRON D 216 NORTHWEST PLATTE VALLEY DRIVE RIVERSIDE MO 64150	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MULLANEY, JAMES D 216 NORTHWEST PLATTO VALLEY DR RIVERSIDE MO 64150	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS WEISS, DOUGLAS W 216 NORTHWEST PLATTE VALLEY DRIVE RIVERSIDE MO 64150	☐ Change ☒ Addition

CR2E034 (10/00)

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: Joyce H. Norkey Joyce H. Norkey, Asst. Secretary 3-26-01 517-788-8933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #