2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004204

1. Entity Name

HARRINGTON INDUSTRIAL PLASTICS, INC.

Principal Place of Business	Mailing Address
14480 YORBA AVE. P.O. BOX 5128 CHINO CA 91710-5128	14480 YORBA AVE. P.O. BOX 5128 CHINO CA 91710-5766

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country

4. FEI Number **95-2752402**   ☐ Applied F   ☐ Not Appli

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 Added to F

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DC NAME MCCOLLUM, WILLIAM STREET ADDRESS 14480 YORBA AVE. CITY-ST-ZIP CHINO CA 91710	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
TITLE VST NAME ALEXANDER, NEVILLE G STREET ADDRESS 14480 YORBA AVE. CITY-ST-ZIP CHINO CA 91710	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
TITLE S NAME PERRY, EDWIN H STREET ADDRESS 101 S. 5TH ST., 3300 NATL CITY TOWER CITY-ST-ZIP LOUISVILLE KY 40202	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/14/00 909-597-8641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #