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FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000005400 (3)

1. Corporation Name

MOHAWK FINISHING PRODUCTS, INC.

Principal Place of Business

4715 STATE HWY. 30
AMSTERDAM NY 12010

Mailing Address

4715 STATE HWY. 30
AMSTERDAM NY 12010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1997

4. FEI Number

14-1415942

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

C
SULLIVAN, THOMAS C
2628 PEARL ROAD
MEDINA OH 44256

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
KARMAN, JAMES A
2628 PEARL ROAD
MEDINA OH 44256

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DP
HORNBERGER, GLENN O
4715 STATE HWY. 30
AMSTERDAM NY 12010

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V
AYERS, SCOTT N
4715 STATE HWY. 30
AMSTERDAM NY 12010

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V
PAUL, WERNER H
4715 STATE HWY. 30
AMSTERDAM NY 12010

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ST
GRANZIER, PAUL A
2628 PEARL ROAD
MEDINA OH 44256

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Vice President

☐ Change

☒ Addition

1.2 NAME

Gary Shore

1.3 STREET ADDRESS

3194 Hickory Blvd.

1.4 CITY-ST-ZIP

Hudson, NC 28638-0669

2.1 TITLE

Vice President

☐ Change

☒ Addition

2.2 NAME

Richard J. Melillo

2.3 STREET ADDRESS

4715 State Highway 30

2.4 CITY-ST-ZIP

Amsterdam, NY 12010

3.1 TITLE

Treasurer

☐ Change

☒ Addition

3.2 NAME

Kathleen Cetnar

3.3 STREET ADDRESS

4715 State Highway 30

3.4 CITY-ST-ZIP

Amsterdam, NY 12010

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

300002428563

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***150.00

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

1/27/98

(518) 843-1380

CR2E034 (10/97)