

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005442

1. Entity Name

CMS TEXON COMPANY

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90008 047 ***150.00

Principal Place of Business FAIRLANE PLAZA SOUTH. STE. 1100 330 TOWN CENTER DR. DEARBORN MI 48126	Mailing Address 212 W. MICHIGAN AVE. M-440 JACKSON MI 49201-2236
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Fairlane Plaza South, Suite 1100	
City & State		Suite, Apt. #, etc.	
Dearborn, MI		330 Town Center Dr.	
Zip	Country	Zip	Country
48126	USA	48126	USA



DO NOT WRITE IN THIS SPACE

4. FEI Number		38-3362591		Applied For	
				Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/>		\$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 _____ (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): <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DCP	TITLE	
NAME	FRYLING, VICTOR J	NAME	
STREET ADDRESS	330 TOWN CENTER DR., STE. 1100	STREET ADDRESS	
CITY-ST-ZIP	DEARBORN MI 48126	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	SCHIVLEY, WILLIAM W	NAME	
STREET ADDRESS	330 TOWN CENTER DR., STE. 1100	STREET ADDRESS	
CITY-ST-ZIP	DEARBORN MI 48126	CITY-ST-ZIP	
TITLE	ST	TITLE	
NAME	MCNISH, THOMAS A	NAME	
STREET ADDRESS	330 TOWN CENTER DR., STE. 1100	STREET ADDRESS	
CITY-ST-ZIP	DEARBORN MI 48126	CITY-ST-ZIP	
TITLE	C	TITLE	
NAME	WOOLLEY, TERRY A	NAME	
STREET ADDRESS	330 TOWN CENTER DR., STE. 1100	STREET ADDRESS	
CITY-ST-ZIP	DEARBORN MI 48126	CITY-ST-ZIP	
TITLE	AS	TITLE	
NAME	NORKEY, JOYCE H	NAME	
STREET ADDRESS	212 WEST MICHIGAN AVE.	STREET ADDRESS	
CITY-ST-ZIP	JACKSON MI 49201	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Joyce H. Norkey Joyce H. Norkey, Asst. Secretary 3-6-00 517-788-8933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #