

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90090 011 ***150.00

DOCUMENT # F97000005442

1. Entity Name

CMS TEXON COMPANY

Principal Place of Business

FAIRLANE PLAZA SOUTH, STE. 1100
 330 TOWN CENTER DR.
 DEARBORN MI 48126

Mailing Address

FAIRLANE PLAZA SOUTH, STE. 1100
 330 TOWN CENTER DR.
 DEARBORN MI 48126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-3362591

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 **ST** ☒ Delete
 NAME **MCNISH, THOMAS A**
 STREET ADDRESS **330 TOWN CENTER DR., STE. 1100**
 CITY-ST-ZIP **DEARBORN MI 48126**

TITLE **S** ☐ Change ☒ Addition
 NAME **VANHEMERT, MICHAEL D**
 STREET ADDRESS **330 TOWN CENTER DR., STE. 1100**
 CITY-ST-ZIP **DEARBORN MI 48126**

TITLE **C** ☒ Delete
 NAME **WOOLLEY, TERRY A**
 STREET ADDRESS **330 TOWN CENTER DR., STE. 1100**
 CITY-ST-ZIP **DEARBORN MI 48126**

TITLE **T** ☐ Change ☒ Addition
 NAME **STADNIKIA, PAUL A**
 STREET ADDRESS **330 TOWN CENTER DR., STE. 1100**
 CITY-ST-ZIP **DEARBORN MI 48126**

TITLE **AS** ☒ Delete
 NAME **NORKEY, JOYCE H**
 STREET ADDRESS **212 WEST MICHIGAN AVE.**
 CITY-ST-ZIP **JACKSON MI 49201**

TITLE **AS** ☐ Change ☒ Addition
 NAME **EVANS, JENNIFER**
 STREET ADDRESS **330 TOWN CENTER DR., STE. 1100**
 CITY-ST-ZIP **DEARBORN MI 48126**

TITLE **DCP** ☐ Delete
 NAME **JOOS, DAVID W**
 STREET ADDRESS **FAIRLANE PLAZA SOUTH, STE 1100**
 CITY-ST-ZIP **DEARBORN MI 48126**

TITLE **C** ☐ Change ☒ Addition
 NAME **FLAVIN, ROBERT M**
 STREET ADDRESS **1021 MAIN STREET, STE 2600**
 CITY-ST-ZIP **HOUSTON TX 77002**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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:

Jennifer Evans
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jennifer Evans, Asst. Secretary 3-14-02 517-788-8933

Date

Daytime Phone #

CR2E034 (9/01)