

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006867

1. Entity Name

CST/STAR PRODUCTS, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90366 022 ***150.00

Principal Place of Business

540 W. ALLENDALE DRIVE
WHEELING IL 60090

Mailing Address

540 W. ALLENDALE DRIVE
WHEELING IL 60090-2639

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

13-3284806

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, 2000 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

TITLE COBD ☒ Delete
NAME RUTLEDGE, JOHN
STREET ADDRESS ONE GREENWICH OFFICE PARK
CITY-ST-ZIP GREENWICH CT 06831

TITLE D ☒ Delete
NAME TUCKER, ROBERT
STREET ADDRESS ONE GREENWICH OFFICE PARK
CITY-ST-ZIP GREENWICH CT 06831

TITLE D ☒ Delete
NAME GORDON, MICHAEL
STREET ADDRESS 840 NEWPORT CENTER DRIVE SUITE 600
CITY-ST-ZIP NEWPORT BEACH CA 92660

TITLE DS ☐ Delete
NAME LIPIAN, BRUCE
STREET ADDRESS 840 NEWPORT CENTER DRIVE SUITE 600
CITY-ST-ZIP NEWPORT BEACH CA 92660

TITLE DCEO ☐ Delete
NAME NAHIKIAN, WILLIAM O
STREET ADDRESS 540 WEST ALLENDALE DRIVE
CITY-ST-ZIP WHEELING IL 60090

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE COBD ☐ Change ☒ Addition
NAME BOYLE, MARK
STREET ADDRESS 720 EAST WISCONSIN AVE.
CITY-ST-ZIP MILWAUKEE, WI 53202-4797

TITLE D ☐ Change ☒ Addition
NAME FISHER, WILLIAM
STREET ADDRESS 680 LAKE SHORE DR.
CITY-ST-ZIP CHICAGO, ILL 60611

TITLE D ☐ Change ☒ Addition
NAME PUTH, JOHN
STREET ADDRESS 5215 OLD ORCHARD ROAD
CITY-ST-ZIP SKOKIE, IL 60077

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

TITLE ☐ Change ☐ Addition
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:

William O Nahikian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/00

Date

Daytime Phone #

CR2E034 (9/99)