

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002562

1. Entity Name
CALPHALON CORPORATION

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90044 017 ***150.00

Principal Place of Business
AMPOINT INDUSTRIAL PARK
3RD & D STREET
PERRYSBURG OH 43551

Mailing Address
6833 STALTER DRIVE
SUITE 101
ROCKFORD IL 61108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **34-0926141**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	S	<input type="checkbox"/> Delete
NAME	WOLFF, RICHARD H	
STREET ADDRESS	6033 STALTER DR. SUITE 101	
CITY-ST-ZIP	ROCKFORD IL 61108	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COOLEY, JEFFREY	
STREET ADDRESS	PO BOX 583	
CITY-ST-ZIP	TOLEDO OH 43697	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	DAVEPORT, CLARENCE R	
STREET ADDRESS	29 E. STEPHENSON ST.	
CITY-ST-ZIP	FREEPORT IL 61032	
TITLE	VPFG	<input type="checkbox"/> Delete
NAME	MATSCHILLAT, DALE L	
STREET ADDRESS	ONE MILLINGTON ROAD	
CITY-ST-ZIP	BELOIT WI 53511	
TITLE	D	<input type="checkbox"/> Delete
NAME	HORNE, ANDREA L	
STREET ADDRESS	6833 STALTER DRIVE SUITE 101	
CITY-ST-ZIP	ROCKFORD IL 61108	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIES, BRETT E	
STREET ADDRESS	29 E STEPHENSON STREET	
CITY-ST-ZIP	FREEPORT IL 61032	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Richard H. Wolff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-01
Date

(815) 381-8115
Daytime Phone #

CR2E034 (10/00)