

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90085 034 ***150.00

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1. Entity Name
NATIONAL POOL TILE GROUP, INC.



Principal Place of Business
**220 PARK DRIVE
CHARDON, OH 44116**

Mailing Address
**5500 WAYZATA BLVD.
SUITE 800
GOLDEN VALLEY, MN 55416-1259**

94029367



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02252004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
33-0000365

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **CD** ☐ Delete
NAME **CATHCART, RICHARD J**
STREET ADDRESS **5500 WAYZATA BLVD., STE. 800**
CITY-ST-ZIP **GOLDEN VALLEY, MN 554161259**

TITLE **P** ☐ Delete
NAME **FRYKMAN, KARL R**
STREET ADDRESS **5500 WAYZATA BLVD., STE. 800**
CITY-ST-ZIP **GOLDEN VALLEY, MN 554161259**

TITLE **T** ☐ Delete
NAME **MEYER, MICHAEL G**
STREET ADDRESS **5500 WAYZATA BLVD., STE. 800**
CITY-ST-ZIP **GOLDEN VALLEY, MN 554161259**

TITLE **SC** ☐ Delete
NAME **AINSWORTH, LOUIS L**
STREET ADDRESS **5500 WAYZATA BLVD., STE. 800**
CITY-ST-ZIP **GOLDEN VALLEY, MN 554161259**

TITLE **VP** ☒ Delete
NAME **HAVENS, THEODORE A**
STREET ADDRESS **1620 HAWKINS AVE.**
CITY-ST-ZIP **SANFORD, NC 27330**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☒ Addition
NAME **VP**
STREET ADDRESS **Bob Miller**
CITY-ST-ZIP **1620 Hawkins Ave.**
Sanford, NC 27330

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael G. Meyer

Michael G. Meyer

2/26/04

763-545-1730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #