

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90010 011 \*\*\*150.00

0699885

**DOCUMENT # P06234**

1. Entity Name  
**BESSER COMPANY**

Principal Place of Business: **801 JOHNSON STREET ALPENA MI 49707**  
 Mailing Address: **801 JOHNSON STREET ALPENA MI 49707**

**00004141**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country  
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

4. FEI Number **38-0346640** Applied For / Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 S. 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, State (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)

**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

TITLE	CD	<input type="checkbox"/> Delete
NAME	PARK, JAMES C	
STREET ADDRESS	801 JOHNSON ST.	
CITY-ST-ZIP	ALPENA MI	
TITLE	PT	<input type="checkbox"/> Delete
NAME	ARBUCKLE, JAMES E	
STREET ADDRESS	801 JOHNSON STREET	
CITY-ST-ZIP	ALPENA MI	
TITLE	S	<input type="checkbox"/> Delete
NAME	ESSEX, AMY E	
STREET ADDRESS	801 JOHNSON STREET	
CITY-ST-ZIP	ALPENA MI	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUEMENAPP, HAROLD A	
STREET ADDRESS	3001 HARBOR PLACE DRIVE	
CITY-ST-ZIP	ST. CLARI SHORES MI	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUZZY, RICHARD W	
STREET ADDRESS	PO BOX 2099 N/A	
CITY-ST-ZIP	HOLLAND MI	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARK, KIMBLERY A	
STREET ADDRESS	ONE MERCK DRIVE, WS3C90	
CITY-ST-ZIP	WHITEHOUSE STATION NH	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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: Amy E. Essex Amy E. Essex Date: 8 JAN 01 517 354 1059 Daytime Phone #

CR2E034 (10/00)