

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90478 027 ***150.00

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **38-0346640**

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

CT CORPORATION SYSTEM
1200 S. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☐ Delete
NAME **PARK, JAMES C**
STREET ADDRESS **801 JOHNSON ST.**
CITY-ST-ZIP **ALPENA MI**

TITLE **Director** ☐ Change ☒ Addition
NAME **Kuehn, George**
STREET ADDRESS **150 W. Jefferson, Suite 900**
CITY-ST-ZIP **Detroit MI 48226**

TITLE **PT** ☐ Delete
NAME **ARBUCKLE, JAMES E**
STREET ADDRESS **801 JOHNSON STREET**
CITY-ST-ZIP **ALPENA MI**

TITLE **Director** ☐ Change ☒ Addition
NAME **Luno, Richard**
STREET ADDRESS **300 E. Michigan Ave., Suite 300**
CITY-ST-ZIP **Lansing, MI 48933**

TITLE **S** ☐ Delete
NAME **ESSEX, AMY E**
STREET ADDRESS **801 JOHNSON STREET**
CITY-ST-ZIP **ALPENA MI**

TITLE **Director** ☒ Change ☐ Addition
NAME **Park, Kimberly**
STREET ADDRESS **351 N. Sumner Town Pike**
CITY-ST-ZIP **North Wales, PA 19454**

TITLE **D** ☒ Delete
NAME **RUEMENAPP, HAROLD A**
STREET ADDRESS **3001 HARBOR PLACE DRIVE**
CITY-ST-ZIP **ST. CLAIR SHORES MI**

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

TITLE **D** ☐ Delete
NAME **MUZZY, RICHARD W**
STREET ADDRESS **PO BOX 2099 N/A**
CITY-ST-ZIP **HOLLAND MI**

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

TITLE **D** ☒ Delete
NAME **PARK, KIMBLERY A**
STREET ADDRESS **ONE MERCK DRIVE, W09C90 351 N. Sumner**
CITY-ST-ZIP **WHITEHOUSE STATION NH North Wales PA**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)