

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P12346

1. Entity Name

WHITECO INDUSTRIES, INC.

Principal Place of Business

1000 EAST 80TH PLACE
SUITE 700 NORTH
MERRILLVILLE IN 46410

Mailing Address

1000 EAST 80TH PLACE
SUITE 700 NORTH
MERRILLVILLE IN 46410-5608

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

35-0753770

Applied For

Not Applicable

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME WHITE, DEAN V.
STREET ADDRESS 909 W. 126TH STREET
CITY-ST-ZIP CROWN POINT IN

TITLE CEO/DIRECTOR ☒ Change ☐ Addition
NAME White, Dean V.
STREET ADDRESS 1111 Whitehall Drive
CITY-ST-ZIP Crown Point, IN

TITLE VD ☐ Delete
NAME KACKOS, DENNIS E.
STREET ADDRESS 324 ST. DUNSTAN DRIVE
CITY-ST-ZIP SCHERERVILLE IN

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

TITLE TD ☐ Delete
NAME PETERMAN, JOHN M.
STREET ADDRESS 615 EAST BROOKSIDE DRIVE
CITY-ST-ZIP CROWN POINT IN

TITLE PRESIDENT/DIRECTOR ☐ Change ☐ Addition
NAME Peterman, John M.
STREET ADDRESS 615 East Brookside Drive
CITY-ST-ZIP Crown Point, IN

TITLE S ☐ Delete
NAME BOWMAN, CAROL ANN
STREET ADDRESS 516 GLADE PLACE
CITY-ST-ZIP VALPARAISO IN

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Dennis E. Kackos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis E. Kackos

4-20-00

Date

(219) 769-6601

Daytime Phone #

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90023 048 ***150.00

UUU44555



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)