

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
May 24, 2000 8:00 am  
Secretary of State

05-24-2000 90044 038 \*\*\*150.00

DOCUMENT # P12386

Entity Name

WHITE CONSOLIDATED INDUSTRIES, INC.

Principal Place of Business

11770 BERE ROAD  
CLEVELAND OH 44111

Mailing Address

11770 BERE ROAD  
CLEVELAND OH 44111-1601

Principal Place of Business

18013 CLEVELAND PARKWAY

3. Mailing Address

P.O. Box 35920

Suite, Apt. #, etc.

SUITE 2100

Suite, Apt. #, etc.

City & State

CLEVELAND OH 44111

City & State

CLEVELAND OH 44111

Zip

44135

Country

USA

Zip

44135

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 37-1194362

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

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

1. OFFICERS AND DIRECTORS

TITLE	COB	<input type="checkbox"/> Delete
NAME	TRESHOW, MICHAEL	
STREET ADDRESS	LUXBAGEN 1, LILLA ESSEN-	
CITY-ST-ZIP	STOCKHOLM SWEDEN	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	BYCCE, JOHAN	
STREET ADDRESS	LUXBAGEN 1, LILLA ESSEN	
CITY-ST-ZIP	STOCKHOLM SWEDEN OH	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	ELLIOTT, DANIEL R.	
STREET ADDRESS	11770 BERE ROAD	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MILLER, STANLEY R.	
STREET ADDRESS	11770 BERE ROAD	
CITY-ST-ZIP	CLEVELAND OH	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	GORANS GATEN 143	
CITY-ST-ZIP	STOCKHOLM 10545 SWEDEN	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	GORANS GATEN 143	
CITY-ST-ZIP	STOCKHOLM 10545 SWEDEN	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	SEE ATTACHED	
CITY-ST-ZIP	LIST	
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		

3. 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:

Mark Russell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/19/2000

Daytime Phone #

CR2E034 (9/99)