

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P17254****1. Entity Name**
COILFORM COMPANY**Principal Place of Business**
2571 KANEVILLE COURT
GENEVA IL 60134**Mailing Address**
2571 KANEVILLE COURT
GENEVA IL 60134**FILED**
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90128 004 ***150.00



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 36-2479638

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, 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 PD
NAME MCFARLANE, R.H.
STREET ADDRESS 2571 KANEVILLE ROAD
CITY-ST-ZIP GENEVA IL ☐ DeleteTITLE SVD
NAME MCFARLANE, G.G.
STREET ADDRESS 6N599 DENKER ROAD
CITY-ST-ZIP ST CHARLES IL 60175 ☐ DeleteTITLE STD
NAME MCFARLANE, CHARLOTTE
STREET ADDRESS 6935 CARLSLE CT
CITY-ST-ZIP NAPLES FL 34109 ☐ DeleteTITLE D
NAME BLOOD, C. KENNETH
STREET ADDRESS 200 WEST RIVER DRIVE
CITY-ST-ZIP ST. CHARLES IL ☐ DeleteTITLE V
NAME KENSETH, RONALD D
STREET ADDRESS 36W074 FIELDCREST
CITY-ST-ZIP ST CHARLES IL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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:** *R.D. KENSETH* R.D. KENSETH I.P.O.F. OPERATIONS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/01 630/232/8000
Date Daytime Phone #

CR2E034 (10/00)