FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 25 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P22671 (2)

1. Corporation Name
CHEM LAB PRODUCTS, INCORPORATED

Principal Place of Business	Mailing Address
5160 E. AIRPORT DR. ONTARIO CA 91761-4611	5160 E. AIRPORT DR. ONTARIO CA 91761-4611

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/23/1989
3a. Date of Last Report: 02/02/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 300 E. SECOND ST.
Suite, Apt. #, etc.
27 1310
City & State
28 RENO, NV
Zip 29 89501 Country 30 USA

4. FEI Number: 95-2013542 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CHRISTENSEN, DAVID
1818 SE 32 LANE
BELLEVIEW FL 32671

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☒ Change ☐ Addition
NAME	CORNETT, JEFF	1.2 NAME		
STREET ADDRESS	6056 ZIRCON	1.3 STREET ADDRESS	2395 CATAMARAN DR.	
CITY-ST-ZIP	ALTA LOMA CA	1.4 CITY-ST-ZIP	RENO, NV 89509	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	CHRISTENSEN, DAVID	2.2 NAME		
STREET ADDRESS	1818 SE 32 LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☒ Change ☐ Addition
NAME	SCHONK, DEBRA	3.2 NAME		
STREET ADDRESS	23626 AIROSA	3.3 STREET ADDRESS	405 RIVER BEND DR.	
CITY-ST-ZIP	MORENO VALLEY CA	3.4 CITY-ST-ZIP	RENO, NV 89523	
TITLE	VD	4.1 TITLE		☐ Change ☐ Addition
NAME	CHRISTENSEN, JOHN A.	4.2 NAME		
STREET ADDRESS	2909 WILDERNESS CIR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	CORONA CA	4.4 CITY-ST-ZIP		
TITLE	DT	5.1 TITLE		☐ Change ☐ Addition
NAME	CHISTENSEN, JOY A.	5.2 NAME		
STREET ADDRESS	6818 CLUB HOUSE DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	DESERT HOT SPRINGS CA	5.4 CITY-ST-ZIP		
TITLE	DV	6.1 TITLE		☒ Change ☐ Addition
NAME	ZILER, LAUREN	6.2 NAME		
STREET ADDRESS	15785 SPRIG STR	6.3 STREET ADDRESS	3951 REGAL DR.	
CITY-ST-ZIP	CHINO CA	6.4 CITY-ST-ZIP	RENO, NV 89503	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jeffrey R. Cornett 01-13-95 (702) 329-7595
SIGNATURE(S) REQUIRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JEFFREY R. CORNETT

0401866 FP