

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P29767 (1)

1. Corporation Name

CARDINAL INDUSTRIAL INSULATION COMPANY, INC.

Principal Place of Business

1300 W. MAIN STREET
LOUISVILLE KY 40203

Mailing Address

CHG
1300 W. MAIN STREET
LOUISVILLE KY 40203



2. Principal Place of Business:

21

Suite, Apt #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

P.O. Box 2258

27

Suite, Apt #, etc.

28

City & State

29

Zip

40201

Country

30

USA

3. Date Incorporated or Qualified

06/15/1990

3a. Date of Last Report

05/01/1995

4. FEI Number

61-0514975

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. 190.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature typed or printed name of registered agent and true if applicable

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MUELLER, CARL W.
STREET ADDRESS 1300 W. MAIN STREET
CITY-ST-ZIP LOUISVILLE KY ☐ DELETE

TITLE DP
NAME MUELLER, MARK C.
STREET ADDRESS 1300 W. MAIN STREET
CITY-ST-ZIP LOUISVILLE KY ☐ DELETE

TITLE ST
NAME MUELLER, SANDY
STREET ADDRESS 1300 W. MAIN STREET
CITY-ST-ZIP LOUISVILLE KY ☐ DELETE

TITLE VD
NAME MUELLER, THOMAS
STREET ADDRESS 1300 W. MAIN STREET
CITY-ST-ZIP LOUISVILLE KY ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Thomas W Mueller VP
THOMAS W MUELLER

JUNE 10, 1996 (502) 589-5794
Date Daytime Phone

CR2E034 (3/96)