

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90004 025 \*\*\*150.00

DOCUMENT # P33810

1. Entity Name  
**NICOLON CORPORATION**

Principal Place of Business PARKWAY LANE, SUITE 500 NORCROSS GA 30092	Mailing Address 3500 PARKWAY LANE, SUITE 500 NORCROSS GA 30097-4971
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. or P.O. No. <b>NICOLON CORPORATION</b> <b>2170 Satellite Blvd., Ste. 350</b>	3. Mailing Address Suite, Apt. or P.O. No. <b>NICOLON CORPORATION</b> <b>2170 Satellite Blvd., Ste. 350</b>	4. FEI Number <b>57-0603223</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>Duluth, GA 30097-4074</b> <b>(770) 689-2621</b>	City & State <b>Duluth, GA 30097-4074</b> <b>(770) 689-2621</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND RD.</b> <b>PLANTATION FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Delete <b>VAN DE SANDEN, HANS</b> 7607 GB ALMEDO THE NETHERLANDS	TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>David C. Clarke</b> 2170 Satellite Blvd Suite 350 Duluth GA 30097
TITLE VP	<input checked="" type="checkbox"/> Delete <b>VAN DER MEULEN, THOMAS</b> 3500 PARKWAY LANE, SUITE 500 NORCROSS GA 30092	TITLE Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Loek de Vries</b> Egbert Gorterstraat Almelo Netherlands
TITLE VP	<input type="checkbox"/> Delete <b>CAHILL, JOHN</b> <del>3500 PKWY. LANE, STE. 500</del> <b>2170 Satellite Blvd</b> <del>NORCROSS GA</del> <b>Duluth, GA 30097</b>	TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>John P. Cahill</b> 2170 Satellite Blvd Suite 350 Duluth, GA 30097
TITLE DST	<input checked="" type="checkbox"/> Delete <b>AVERETTE, JOSEPH W</b> 3500 PARKWAY LANE - STE 500 NORCROSS GA	TITLE Asst Secretary & Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Susan C. Sisler</b> 365 So. Holland Drive Pendergrass GA 30567
TITLE VSTD	<input checked="" type="checkbox"/> Delete <b>PHILLIPS, PAUL E. JR.</b> 3500 PARKWAY LANE, SUITE 500 NORCROSS GA	TITLE Assistant Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Jonathan O. Phillips</b> 2170 Satellite Blvd Ste 350 Duluth, GA 30097
TITLE VP	<input checked="" type="checkbox"/> Delete <b>BURCHFIELD, JOE L.</b> 3500 PARKWAY LANE, SUITE 500 NORCROSS GA		

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:** Jonathan O. Phillips Assistant Treasurer **1/24/00** 770-689-2621  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

733810

1000761520

Updated: 10/13/99

**Nicolon Corporation  
Schedule of Officers and Directors**

	<b>Name</b>	<b>Business Address</b>	<b>Position</b>
<b>Directors:</b>			
	Loek de Vries	Egbert Gorterstraat 3 7607 GB Almelo The Netherlands  P.O. Box 9 7440 AA Nijverdal The Netherlands	Chairman
	David C. Clarke	2170 Satellite Blvd. Suite 350 Duluth, GA 30097	
<b>Officers:</b>			
	David C. Clarke	2170 Satellite Blvd. Suite 350 Duluth, GA 30097	President
	Susan C. Sisler	365 S. Holland Drive Pendergrass, GA 30567	Assistant Secretary & Treasurer
	John P. Cahill	2170 Satellite Blvd. Suite 350 Duluth, GA 30097	Vice President
	Jonathan O. Phillips	2170 Satellite Blvd. Suite 350 Duluth, GA 30097	Assistant Treasurer