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FILED
Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P37630

(1)

1. Corporation Name

CM/COMPOSITE MATERIALS INC.

Principal Place of Business

14530 SO ANSON AVE
SANTA FE SPRINGS CA 90670
US

Mailing Address

P O BOX 3448
SANTA FE SPRINGS CA 90670-1448
US



3. Date Incorporated or Qualified

02/19/1992

3a. Date of Last Report

04/23/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

4. FEI Number

57-0852085

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

CT CORPORATION SYSTEM
1200 SOUTH 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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME FULLER, MARVIN B
STREET ADDRESS 14530 S ANSON AVE
CITY-ST-ZIP SANTA FE SPRINGS CA

TITLE CFO ☐ DELETE

NAME EBERSOLE, SCOTT
STREET ADDRESS 14530 S ANSON AVE.
CITY-ST-ZIP SANTA FE SPRINGS CA

TITLE V ☒ DELETE

NAME LEN, LARRY
STREET ADDRESS 698 BRYANT BLVD.
CITY-ST-ZIP ROCK HILL SC

TITLE VP ☐ DELETE

NAME LENETT, JEFF
STREET ADDRESS 14530 SA NASON AVE
CITY-ST-ZIP SANTA FE SPRINGS CA

TITLE VP ☐ DELETE

NAME WATSON, P. S.
STREET ADDRESS 19105 63RD AVENUE N.E.
CITY-ST-ZIP ARLINGTON WA

TITLE VP ☐ DELETE

NAME SHREVE, TERRY
STREET ADDRESS 2701 W VIRGINIA
CITY-ST-ZIP PHOENIX AZ

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 or changed, or on an attachment with an address.

SIGNATURE

SCOTT EBERSOLE, CEO 8/31/97

CR2E034 (9/96)