2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P93000028465 Jan 19, 2000 8:00 am **Secretary of State** NORCHEM, INC. 01-19-2000 90148 046 ***150.00 Mailing Address Principal Place of Business 985 SEAWAY DRIVE 985 SEAWAY DRIVE FORT PIERCE FL 34949-3142 FORT PIERCE FL 34949 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State 65-0424926 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MORREFER OHOL WOLSIEFER, JOHN SR. Street Address (P.O. Box Number is Not Acceptable) 2262 NORTH U.S. HIGHWAY ONE SEAWAY **FORT PIERCE FL 34949** PIERCE 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. TITLE Change ☐ Addition -☐ Delete TITLE SIMS, ARDEN NAME NAME 6450 ROCKSIDE WOODS SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CLEVELAND OH 44131** CITY-ST-ZIP ☐ Addition ☐ Change □ Delete TITLE LALLEY, JOHN NAME NAME 6450 ROCKSIDE WOODS SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **CLEVELAND OH 44131 Change** ☐ Addition Delete TITLE WOLSIEFER, JOHN SR. NAME 985 SEAWAY DRIVE 2202 NORTH US HIGHWAY ONE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT PIERCE FL FORT DIEKOS, FL 34949 ☐ Change ☐ Addition ☐ Delete TITLE TITL F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS 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:

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