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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P94000018490 (0)**

1. Corporation Name
POLYMER SERVICES, INC.

Principal Place of Business	Mailing Address
1253 NAPERVILLE DRIVE ROMEOVILLE IL 60441	1253 NAPERVILLE DRIVE ROMEOVILLE IL 60446-1041

3. Date Incorporated or Qualified: 03/07/1994	3a. Date of Last Report: 05/29/1996
4. FEI Number: 65-0472223	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 1265 NAPERVILLE DRIVE	26 1265 NAPERVILLE DRIVE
Street, Apt. #, etc. 22	Street, Apt. #, etc. 27
City & State 23 ROMEOVILLE IL	City & State 28 ROMEOVILLE IL
Zip 24 60446 Country 25 USA	Zip 29 60446 Country 30 USA

9. Name and Address of Current Registered Agent

ASHTON, JAMES P
12660 WORLD PLAZA LANE
FORT MYERS FL 33907

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	11 TITLE	D ☒ Change ☐ Addition
NAME	KOHUT, RONALD	12 NAME	KOHUT, RONALD
STREET ADDRESS	1253 NAPERVILLE DRIVE	13 STREET ADDRESS	1265 NAPERVILLE DRIVE
CITY-ST-ZIP	ROMEOVILLE IL 60441	14 CITY-ST-ZIP	ROMEOVILLE, IL 60446
TITLE	D ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	DER HAGOPIAN, DAVID J	22 NAME	
STREET ADDRESS	12660 WORLD PLAZA LANE	23 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33907	24 CITY-ST-ZIP	
TITLE	D ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	CHUPLIS, W. JOHN	32 NAME	
STREET ADDRESS	12660 WORLD PLAZA LANE	33 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33907	34 CITY-ST-ZIP	
TITLE	D ☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	ASHTON, JAMES P	42 NAME	
STREET ADDRESS	12660 WORLD PLAZA LANE	43 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33907	44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (9/96)

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 if changed, or on an attachment with an address.

SIGNATURE: Ronald Kohut 3/11/97 630-759-5580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D482649