

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000018490

1. Entity Name
POLYMER SERVICES, INC.



Principal Place of Business
**1265 NAPERVILLE DR
ROMEDEVILLE, IL 60446 US**

Mailing Address
**1265 NAPERVILLE DR
ROMEDEVILLE, IL 60446 US**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0472223

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ASHTON, JAMES P
2301 MAITLAND CENTER PARKWAY
STE 240
MAITLAND, FL 32751**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KOHUT, RONALD
STREET ADDRESS	1265 NAPERVILLE DR
CITY-ST-ZIP	ROMEDEVILLE, IL 60446
TITLE	D
NAME	DER HAGOPIAN, DAVID J
STREET ADDRESS	2301 MAITLAND CENTER PARKWAY, STE 240
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	D
NAME	CHUPLIS, W. JOHN
STREET ADDRESS	2301 MAITLAND CENTER PARKWAY, STE 240
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	D
NAME	ASHTON, JAMES P
STREET ADDRESS	2301 MAITLAND CENTER PARKWAY, STE 240
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/12/04-80025-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/8/04

(630) 759-5530