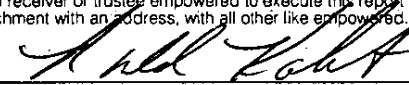


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90054 025 ***150.00

DOCUMENT # P94000018490 1. Entity Name POLYMER SERVICES, INC.					
Principal Place of Business 1265 NAPERVILLE DR ROMEOVILLE, IL 60446 US			Mailing Address 1265 NAPERVILLE DR ROMEOVILLE, IL 60446 US		
2. Principal Place of Business 601 W. 143RD ST Suite, Apt. #, etc.		3. Mailing Address 601 W. 143RD ST Suite, Apt. #, etc.			
City & State PLAINFIELD, IL Zip 60544 Country WILL		City & State PLAINFIELD, IL Zip 60544 Country WILL		4. FEI Number 65-0472223 Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				01042005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent ASHTON, JAMES P 2301 MAITLAND CENTER PARKWAY STE 240 MAITLAND, FL 32751			7. Name and Address of New Registered Agent Name Ashton, James P. Street Address (P.O. Box Number is Not Acceptable) 1900 SUMMIT TOWER BLVD SUITE 900 City ORLANDO FL Zip Code 32810		
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, 2005 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Added to Fees ☐ Trust Fund Contribution			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOHUT, RONALD 1265 NAPERVILLE DR ROMEOVILLE, IL 60446	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Kohut, Ronald 601 W. 143RD ST PLAINFIELD, IL 60544	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DER HAGOPIAN, DAVID J 2301 MAITLAND CENTER PARKWAY, STE 240 MAITLAND, FL 32751	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DER HAGOPIAN, DAVID J. 1900 SUMMIT TOWER BLVD SUITE 900 ORLANDO, FL 32810	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHUPLIS, W. JOHN 2301 MAITLAND CENTER PARKWAY, STE 240 MAITLAND, FL 32751	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHUPLIS, W. JOHN 1900 SUMMIT TOWER BLVD SUITE 900 ORLANDO, FL 32810	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ASHTON, JAMES P 2301 MAITLAND CENTER PARKWAY, STE 240 MAITLAND, FL 32751	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ASHTON, JAMES P. 1900 SUMMIT TOWER BLVD SUITE 900 ORLANDO, FL 32810	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
12. 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 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 3/28/05 Daytime Phone (815) 409 4800		