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.

50032626

Principal Place of Business	Mailing Address
1265 NAPERVILLE DR ROMEOVILLE, IL 60446 US	1265 NAPERVILLE DR ROMEOVILLE, IL 60446 US

01042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
601 W. 143RD ST	601 W. 143RD ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PLAINFIELD, IL	City & State: PLAINFIELD, IL
Zip: 60544 Country: WILL	Zip: 60544 Country: WILL

4. FEI Number 65-0472223 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ASHTON, JAMES P 2301 MAITLAND CENTER PARKWAY STE 240 MAITLAND, FL 32751	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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	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	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	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	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		☐ Delete		☐ 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: _____ 3/28/05 (815)609-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #