FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2002 8:00 am F9700000048 DOCUMENT # **Secretary of State** 1. Entity Name 02-05-2002 90066 011 ***150.00 CVF'CORP. Principal Place of Business Mailing Address 54500 MEADOWBROOK LANE 317 W. FRANKLIN ST エリー **ELKHART IN 46514 ELKHART IN 46516** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 35-2000373 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** City Zip Code FL 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. SIGNATURE 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) ☐ Change ☐ Addition TITLE ☐ Delete TITLE GLON, CAROLYN S NAME NAME STREET ADDRESS 54500 MEADOWBANK LN STREET ADDRESS **ELKHART IN** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE WEAVER, KENNARD R NAME NAME 317 W. FRANKLIN ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP **ELKHART IN 46516** CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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

SIGNATURE:

₹

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered

January 21, 2002

. Date

219-296-6000

Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

(RICH MINK DENUDEN

2007	E CHIFCHIN B	USINESS NEPC	'UI (OBU)		. '
DOCU 1. Entity Nam CVF COF	ne .	7000000048			
,	ce of Business DWBROOK LANE 46514	Mailing Address 317 W. FRANKLIN ST ELKHART IN 46516	·	9170	191
2. Principal P	Place of Business	3. Mailing Address			
Suite, Apt. #, etc. Suite,		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State .		City & State		4. FEI Number 35-2000373	Applied For
Zip	Country	Zip *	Country	5. Certificate of Status Desired	Not Applicable \$8.75 Additional
	6. Name and Address of C	urrent Registered Agent		7. Name and Address of New Registered	-Fee Required
		<u> </u>	Name		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			Street Address	ddress (P.O. Box Number is Not Acceptable)	
PLANTATI	10N FL 33324				
			City	FL	Zip Code
8. The above	named entity submits this state	ment for the purpose of changing its	registered office or regist	ered agent, or both, in the State of Florida.	<u>'</u>
Tax filling i	Signature, typed or printed name of register oration is eligible to satisfy its Inter- requirement and elects to do so, ria on back)	angible FILE NOW After May 1, 20	E: Registered Agent Signature equi IIII. FEE IS \$150.00 02 Fee will be \$550.00 ble to Department of Si	10. Election Campaign Financing	\$5.00 May Be Added to Fees
11.	T	S AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND	
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of the cor	poration or the receiver or truste	eport is true and accurate and that r	my signature shall have the as required by Chapter 60	Section 119.07(3)(i), Florida Statutes. I further cer e same legal effect as if made under oath; that I a D7, Florida Statutes; and that my name appears in	am an officer of director i i

BAKER & DANIELS

EST. 1863

317 W. FRANKLIN STREET, P.O. BOX 507 · ELKHART, INDIANA 46515-0507 · (574) 296-6000 · FAX (374) 296-6001 · www.bakerdaniels.com

AUBREY L. RETTIG PARALEGAL DIRECT (574) 296-6025 e-mail: alrettig@bakerd.com ELKHART
INDIANAPOLIS
FORT WAYNE
SOUTH BEND
WASHINGTON, D.C.
QINGDAO, P.R. CHINA

January 22, 2002

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

RE: <u>CVF Corp.</u>

Dear Sir/Madam:

Enclosed find the original and one copy of executed document F9700000048, 2001 Uniform Business Report (UBR) and our check No.100325 in the amount of \$150.00 as filing fee for CVF Corp. Please return the copy, file-stamped, to me. A return envelope has been enclosed for your convenience.

If you have any questions or comments, do not hesitate to contact me.

Sincerely,

BAKÆR & DANIELS

Paralegal

ALR/

Enclosures

cc: Kennard R. Weaver (w/o enc.)