

2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000002040

FILED
Apr 08, 2020
Secretary of State
9074995801CC

Entity Name: CHEMICAL COATERS ASSOCIATION INTERNATIONAL INC.

Current Principal Place of Business:

6771 PROFESSIONAL PKWY W, SUITE 201
LAKEWOOD RANCH, FL 34240

Current Mailing Address:

PO BOX 110578
LAKEWOOD RANCH, FL 34211 US

FEI Number: 23-7159835

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOYER, ANDREW
6771 PROFESSIONAL PKWY W, SUITE 201
LAKEWOOD RANCH, FL 34240 US

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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name LUM, RONALD
Address 44902 CAMINO VESTE
City-State-Zip: TEMECULA CA 92592

Title PRESIDENT
Name ONEY, BILL
Address W6704 CEDAR VIEW DRIVE
City-State-Zip: ELKHART LAKE WI 53020

Title VP
Name FUDGE, DUANE
Address 675 CENTRAL AVENUE
City-State-Zip: PROVIDENCE NJ 07974

Title D
Name GALLAGHER, JAMES
Address 4865 N LARKIN STREET
City-State-Zip: WHITEFISH BAY WI 53217

Title D
Name KEENE, LOREN
Address 13335 SYCAMORE DR
City-State-Zip: PALATTE CITY MO 64079

Title D
Name LABRECQUE, DAN
Address 3855 SWENSON AVE
City-State-Zip: ST. CHARLES IL 60174

Title D
Name LUCIANO, TODD R
Address 6915 VALLEY AVENUE
City-State-Zip: CINCINNATI OH 45244

Title D
Name MALLOY, JAMES C
Address 12890 WESTWOOD AVENUE
City-State-Zip: DETROIT MI 48223

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANDREW GOYER

**CHIEF OPERATING
OFFICER**

04/08/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY, TREASURER
Name SCLAFANI, TONY
Address 1425 ALTHOL AVE
City-State-Zip: HENDERSON NV 89011

Title D
Name WOehler, SAM
Address 10 S ELEVENTH AVE
City-State-Zip: EVANSVILLE IN 47744

Title COO, CFO
Name GOYER, ANDREW
Address 6771 PROFESSIONAL PKWY W, SUITE 201
City-State-Zip: LAKEWOOD RANCH FL 34240

Title D
Name WALSWORTH, MARK
Address 2860 JEWEL LANE
City-State-Zip: PLYMOUTH MN 55442

Title ED
Name GOYER, ANNE
Address PO BOX 110578
City-State-Zip: LAKEWOOD RANCH FL 34211