2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 08, 2004 08:00 AM DOCUMENT # F02000006035 **Secretary of State** 1. Entity Name CONVEYCO MFG. CO. Principal Place of Business Mailing Address 15151 S.E. INDUSTRIAL AVENUE CLACKAMAS OR 97015 15151 S.E. INDUSTRIAL AVENUE CLACKAMAS OR 97015 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 91-1036581 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) **526 EAST PARK AVENUE** TALLAHASSEE FL 32301 Zip Code 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition Change CPS TITLE ☐ Delete THILE GIBB, ROBERT B NAME NAME U000000080246 STREET ADDRESS STREET ADDRESS 15151 S.E. INDUSTRIAL AVENUE 03/08/04-80100-021 150.00 CITY-ST-ZIP CLACKAMAS OR 97015 CITY-ST-ZIP Change Addition D۷ Delete TITLE GIBB, ROBERT A JR NAME STREET ADDRESS STREET ADDRESS 15151 S.E. INDUSTRIAL AVENUE CITY-ST-ZIP CLACKAMAS OR 97015 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change 🗆 Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Delete ☐ Addition tim F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE THEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address,

SIGNATURE:

FILED

Fib. 4, 2004
Dayting Prons