

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2001 8:00 am
Secretary of State

0136909
 AB

DOCUMENT # P38061

1. Entity Name
CRITERION METALS, INC.

08-06-2001 90074 041 ***550.00

Principal Place of Business
279 JENCKES HILL RD
SMITHFIELD RI 02917
US

Mailing Address
279 JENCKES HILL RD
SMITHFIELD RE 02917
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
05-0455152

Applied For
 Not Applicable

Zip Country

Zip Country

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

CONNELLY, DAVID J
11202 ST JOHNS INDUSTRIAL PKWY
SUITE 1
JACKSONVILLE FL 32116

Name
CT Corporation System
 Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Rd
 City **plantation** FL Zip Code **33324**

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 **PETER F. SOUZA**
 Assistant Secretary

DATE **7/31/01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WILCOX, MILTON	
STREET ADDRESS	279 JENCKES HILL RD	
CITY-ST-ZIP	SMITHFIELD RI 02917	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHROER, MICHAEL	
STREET ADDRESS	279 JENCKES HILL RD	
CITY-ST-ZIP	SMITHFIELD RI 02917	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNOP, WOLFGANG	
STREET ADDRESS	279 JENCKES HILL RD	
CITY-ST-ZIP	SMITHFIELD RI 02917	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STEELE, KEVIN J	
STREET ADDRESS	279 JENCKES HILL ROAD	
CITY-ST-ZIP	SMITHFIELD RI 02917	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRANKE, GUNTER	
STREET ADDRESS	279 JENCKES HILL ROAD	
CITY-ST-ZIP	SMITHFIELD RI 02917	
TITLE	None	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marcus Parth - President	
STREET ADDRESS	279 Jenckes Hill Rd	
CITY-ST-ZIP	Smithfield, RI 02917	

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

SIGNATURE: **Kevin Steele** 7/23/01 (401) 334-4800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)