



BUSINESS CORPORATION ANNUAL REPORT

10-2017

NAME OF BUSINESS CORPORATION: Proplastic Designs, Inc.

SECRETARY OF STATE ID NUMBER: 0551789 STATE OF FORMATION: NC

REPORT FOR THE FISCAL YEAR END: 12/31/2019

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E - Filed Annual Report
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10/6/2021 04:15
<input checked="" type="checkbox"/> Changes

SECTION A: REGISTERED AGENT'S INFORMATION

1. NAME OF REGISTERED AGENT: Oltmanns, Patrick

2. SIGNATURE OF THE NEW REGISTERED AGENT: _____
SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED AGENT OFFICE STREET ADDRESS & COUNTY	4. REGISTERED AGENT OFFICE MAILING ADDRESS
<u>2900 Westinghouse Blvd Ste 118</u>	<u>2900 Westinghouse Blvd Ste 118</u>
<u>Charlotte, NC 28273 Mecklenburg County</u>	<u>Charlotte, NC 28273</u>

SECTION B: PRINCIPAL OFFICE INFORMATION

1. DESCRIPTION OF NATURE OF BUSINESS: fabricated plastic parts for industrial use

2. PRINCIPAL OFFICE PHONE NUMBER: (704) 560-6985 x _____ 3. PRINCIPAL OFFICE EMAIL: Privacy Redaction

4. PRINCIPAL OFFICE STREET ADDRESS	5. PRINCIPAL OFFICE MAILING ADDRESS
<u>2900 Westinghouse Blvd Ste 118</u>	<u>2900 Westinghouse Blvd Ste 118</u>
<u>Charlotte, NC 28273</u>	<u>Charlotte, NC 28273</u>

6. Select one of the following if applicable. (Optional see instructions)

- The company is a veteran-owned small business
- The company is a service-disabled veteran-owned small business

SECTION C: OFFICERS (Enter additional officers in Section E.)

NAME: <u>Patrick Oltmanns</u>	NAME: _____	NAME: _____
TITLE: <u>President</u>	TITLE: _____	TITLE: _____
ADDRESS: _____	ADDRESS: _____	ADDRESS: _____
<u>6904 MORDRED LA</u>	_____	_____
<u>Charlotte, NC 28277</u>	_____	_____

SECTION D: CERTIFICATION OF ANNUAL REPORT. Section D must be completed in its entirety by a person/business entity.

<u>Patrick Oltmanns</u>	<u>10/6/2021</u>
_____ SIGNATURE	_____ DATE

Form must be signed by an officer listed under Section C of this form.

<u>Patrick Oltmanns</u>	<u>President</u>
_____ Print or Type Name of Officer	_____ Print or Type Title of Officer