

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 804463

FILED
Apr 08, 2003
Secretary of State

Entity Name: ARIZONA CHEMICAL COMPANY

Current Principal Place of Business:

1001 E. BUS HWY 98
PANAMA CITY, FL 32401 US

New Principal Place of Business:

400 ATLANTIC ST
STAMFORD, CT 06901 US

Current Mailing Address:

6400 POPLAR AVE.
ATTN: TAX DEPT.
MEMPHIS, TN 38197

New Mailing Address:

FEI Number: 13-0445587 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STOWELL, LARRY
Address: 4600 TOUCHSTONE RD EAST
City-St-Zip: JACKSONVILLE, FL 32246

Title: AT () Delete
Name: KLIMAN, THOMAS
Address: 6400 POPLAR AVE
City-St-Zip: MEMPHIS, TN 38197

Title: CCED () Delete
Name: SMITH, C WESLEY
Address: 6400 POPLAR AVENUE
City-St-Zip: MEMPHIS, TN 38197

Title: AS () Delete
Name: FINNEGAN, JOHN
Address: 6400 POPLAR AVENUE
City-St-Zip: MEMPHIS, TN 38197

Title: S () Delete
Name: SMITHERS, BARBARA L
Address: 400 ATLANTIC ST
City-St-Zip: STAMFORD, CT 06901

Title: AS () Delete
Name: BAUER, PAULA
Address: 400 ATLANTIC ST.
City-St-Zip: STAMFORD, CT 06901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MELICAN, JAMES P
Address: 400 ATLANTIC ST
City-St-Zip: STAMFORD, CT 06901

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: LESSIN, ANDREW R
Address: 400 ATLANTIC ST
City-St-Zip: STAMFORD, CT 06901

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN FINNEGAN

AS

04/08/2003

Electronic Signature of Signing Officer or Director

Date