


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # F00000005511
 1. Entity Name
FINGER LAKES CHEMICALS, INC.



Principal Place of Business Mailing Address
420 ST PAUL STREET **420 ST PAUL STREET**
ROCHESTER, NY 14605 **ROCHESTER, NY 14605**

DO NOT WRITE IN THIS SPACE



04142008 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 16-1127408 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

ANDREWS, ROBERT N
18410 HANNA ROAD
LUTZ, FL 33549

DO NOT WRITE IN THIS SPACE

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
After May 1, 2008 Fee will be \$550.00

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

U00000912576
 05/07/08-80083-021 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT BLATTER, EWALD R 420 ST PAUL STREET ROCHESTER, NY |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BLATTER, HANS C 420 ST PAUL STREET ROCHESTER, NY |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Terence Shirley* **TERENCE SHIRLEY, CONTROLLER** 4/14/08 585-454-4760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #