


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.	
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Principal Place of Business 420 ST PAUL STREET ROCHESTER, NY 14605	Mailing Address 420 ST PAUL STREET ROCHESTER, NY 14605
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04142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 #