

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91614 012 ***550.00

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 AR

DOCUMENT # F93000003026

1. Entity Name
ICI ACRYLICS INC.

Principal Place of Business
**AMERICAS OPERATIONS & RESEARCH CENTER
 7275 GOODLETTS FARM PARKWAY
 CORDOVA TN 38018
 US**

Mailing Address
**AMERICAS OPERATIONS & RESEARCH CENTER
 7275 GOODLETTS FARM PARKWAY
 CORDOVA TN 38018
 US**

455489



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

43-0625543

Applied For

Not Applicable

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

**C.T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 NAME STREET ADDRESS CITY-ST-ZIP	CCO MCMILLAN, ROSS H 7275 GOODLETT FARMS PKWY CORDOVA TN 38018 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FINK, DENNIS M 7275 GOODLETT FARMS PKWY CORDOVA, TN 38018 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATC GANAY, RICHARD G. 7275 GOODLETT FARMS PKWY CORDOVA TN 38018 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MILLS, ELIZABETH 7275 GOODLETT FARMS PKWY CORDOVA TN 38018 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP DAVIS, JEFF 7275 GOODLETT FARRS PKWY CORDOVA TN 38018 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKINTA, TOM 7275 GOODLETT FARMS PKWY CORDOVA TN 38018 <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCO JEFF DAVIS 7275 GOODLETT FARMS PKWY CORDOVA, TN 38016 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FINANCE BRENT LONG 7275 GOODLETT FARMS PKWY CORDOVA, TN 38016 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ANDY ANANTHAKRISHNAN 7275 GOODLETT FARMS PKWY CORDOVA, TN 38016 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MICHAEL GIPSON 7275 GOODLETT FARMS PKWY CORDOVA, TN 38016 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-3-02 901-381-2238

Date Daytime Phone #

CR2E034 (9/01)