APPROVEL AND FILED

~2006 FOR PROFIT GORPORATION, ANNUAL REPORT

changed, or on an attachmen

SIGNATURE:

06 MAY 23 PH 4: 54 **DOCUMENT #F97000001027** SECRETARY OF STATE 1. Entity Name KENDALL CHEMICAL COMPANY, INC. TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 05/05/06--01050--001 **25.00 1303 INDUSTRIAL BLVD. 1303 INDUSTRIAL BLVD. ROYSE CITY, TX 75189 ROYSE CITY, TX 75189 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 05162006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 75-1725751 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C.T.CORPORATION.SYSTEM_ Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FL 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 it applicable. (NOTE: Registered Agent signature required when reinstaling) DATE \$5.00 May Be FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 900074663469 ⁰ 05/05/06--01050--001 **25.00 TITLE ☐ Delete TITLE ☐ Addition KENDALL, KENNETH E NAME NAME STREET ADDRESS 1303 INDUSTRIAL BLVD. STREET ADDRESS CHY-ST-ZIP ROYSE CITY, TX 75189 CITY-S1-ZIP 900075661529 TITLE VSD ☐ Delete TITLE ☐ Addition KENDALL, PATSY NAME NAME 06/02/06--01010--006 1303 INDUSTRIAL BLVD. STREET ADDRESS STREET ADDRESS ROYSE CITY, TX 75189 CHY-ST-ZP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE Delete MLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TIFLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 receive of trustee employeed to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 10 or Block 11 if

NG OFFICER OR DIRECTOR

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