

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90094 034 ***150.00

DOCUMENT # F98000002326

1. Entity Name

SPECIALTY MINERALS INC.

Principal Place of Business

Mailing Address

**375 MUSCOGEE RD.
 CANTONMENT FL 32533**

**405 LEXINGTON AVNEU
 20TH FLOOR
 NEW YORK NY 10174-1999
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3678712

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2000 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	C	<input type="checkbox"/> Delete
NAME	VALLES, JEAN-PAUL	
STREET ADDRESS	405 LEXINGTON AVE.	
CITY-ST-ZIP	NEW YORK NY 10174-1901	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAY, S. GARRETT	
STREET ADDRESS	405 LEXINGTON AVE.	
CITY-ST-ZIP	NEW YORK NY 10174-1901	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SAUERACKER, PAUL R	
STREET ADDRESS	405 LEXINGTON AVE.	
CITY-ST-ZIP	NEW YORK NY 10174-1901	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	FEINBERG, LORI	
STREET ADDRESS	405 LEXINGTON AVE.	
CITY-ST-ZIP	NEW YORK NY 10174-1901	
TITLE	TVPF	<input type="checkbox"/> Delete
NAME	BARDACH, NEIL	
STREET ADDRESS	405 LEXINGTON AVE.	
CITY-ST-ZIP	NEW YORK NY 10174-1901	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SOREL, JOHN Q A	
STREET ADDRESS	405 LEXINGTON AVE.	
CITY-ST-ZIP	NEW YORK NY 10174-1901	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ASST SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEE, CHRISTOPHER	
STREET ADDRESS	405 LEXINGTON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10174-1901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRES - TAXES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROMBERG WILLIAM	
STREET ADDRESS	405 LEXINGTON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10174-1901	

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 like emp. covered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Kromberg
VICE PRES - TAXES

4/4/00
 Date

212 878-1804
 Daytime Phone #

CR2E034 (9/99)