


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 19, 2004 8:00 am**  
**Secretary of State**

05-19-2004 90007 032 \*\*\*550.00

**DOCUMENT # F98000002326**

1. Entity Name  
**SPECIALTY MINERALS INC.**



Principal Place of Business  
**375 MUSCOGEE RD.  
 CANTONMENT, FL 32533**

Mailing Address  
**405 LEXINGTON AVNEU  
 20TH FLOOR  
 NEW YORK, NY 10174 US**

**44045519**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

03042003 Chg-P CR2E034 (10/03)

4. FEI Number  
**13-3678712**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASSIMINE, KENNETH L 405 LEXINGTON AVE NEW YORK, NY 101741901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, S. GARRETT 405 LEXINGTON AVE. NEW YORK, NY 101741901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAUERACKER, PAUL R 405 LEXINGTON AVE. NEW YORK, NY 101741901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CHRISTOPHER, DEE 405 LEXINGTON AVENUE NEW YORK, NY 101741901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVPF SOREL, JOHN A 405 LEXINGTON AVE NEW YORK, NY 101741901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT WILLIAM, KROMBERG 405 LEXINGTON AVENUE NEW YORK, NY 101741901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *William A. Kromberg* **WILLIAM A. KROMBERG**

Date: 5/13/04 Daytime Phone #: 712-979-1849

Attachment

Minerals Technologies Inc.  
The Chrysler Building  
405 Lexington Avenue  
New York, NY 10174-1901



#F 98000002326  
44045519

May 13, 2004

**CERTIFIED MAIL - RETURN RECEIPT REQUESTED**

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

**Re: Specialty Minerals Inc.  
FEIN #13-3678712**

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for the **2004 tax period**:

**Corporation Annual Report**

Also enclosed is a check for **\$550** in satisfaction of the amount due.

Very truly yours,

A handwritten signature in black ink, appearing to read "J. A. Connolly".

J. A. Connolly  
Manager - State & Local Taxes

JAC:mh  
Enc.

FLA-ARPT