

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002326

FILED
Mar 19, 2009
Secretary of State

Entity Name: SPECIALTY MINERALS INC.

Current Principal Place of Business:

375 MUSCOGEE RD.
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 13-3678712 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MASSIMINE, KENNETH L
Address: 405 LEXINGTON AVE
City-St-Zip: NEW YORK, NY 101741901

Title: D () Delete
Name: FORREST, KIRK
Address: 405 LEXINGTON AVE.
City-St-Zip: NEW YORK, NY 101741901

Title: TVPF () Delete
Name: SOREL, JOHN A
Address: 405 LEXINGTON AVE
City-St-Zip: NEW YORK, NY 101741901

Title: VPT () Delete
Name: WILLIAM, KROMBERG
Address: 405 LEXINGTON AVENUE
City-St-Zip: NEW YORK, NY 101741901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FORREST, KIRK G
Address: 405 LEXINGTON AVE
City-St-Zip: NEW YORK, NY 101740002

Title: P (X) Change () Addition
Name: MONAGLE, DJ
Address: 405 LEXINGTON AVE.
City-St-Zip: NEW YORK, NY 101740002

Title: TVPF (X) Change () Addition
Name: SOREL, JOHN A
Address: 405 LEXINGTON AVE
City-St-Zip: NEW YORK, NY 101740002

Title: VPT (X) Change () Addition
Name: WILLIAM, KROMBERG A
Address: 405 LEXINGTON AVENUE
City-St-Zip: NEW YORK, NY 101740002

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM A KROMBERG

VPT

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date