

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-27-2003 90169 021 \*\*\*550.00

0617806  
AT

**DOCUMENT # F98000002326**

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



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

Mailing Address  
**405 LEXINGTON AVENUE  
20TH FLOOR  
NEW YORK NY 10174  
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

CHECK HERE IF MAKING CHANGES



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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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 **D**  Delete  
NAME **DULSKI, ANTON**  
STREET ADDRESS **405 LEXINGTON AVE.**  
CITY-ST-ZIP **NEW YORK NY 10174-1901**

TITLE **D**  Change  Addition  
NAME **KENNETH L. MASSIMINE**  
STREET ADDRESS **405 LEXINGTON AVE**  
CITY-ST-ZIP **NEW YORK, NY 10174-1901**

TITLE **D**  Delete  
NAME **GRAY, S. GARRETT**  
STREET ADDRESS **405 LEXINGTON AVE.**  
CITY-ST-ZIP **NEW YORK NY 10174-1901**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DP**  Delete  
NAME **SAUERACKER, PAUL R**  
STREET ADDRESS **405 LEXINGTON AVE.**  
CITY-ST-ZIP **NEW YORK NY 10174-1901**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **AS**  Delete  
NAME **CHRISTOPHER, DEE**  
STREET ADDRESS **405 LEXINGTON AVENUE**  
CITY-ST-ZIP **NEW YORK NY 10174-1901**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TVPF**  Delete  
NAME **BARDACH, NEIL**  
STREET ADDRESS **405 LEXINGTON AVE.**  
CITY-ST-ZIP **NEW YORK NY 10174-1901**

TITLE **TVPF**  Change  Addition  
NAME **JOHN A. SOREL**  
STREET ADDRESS **405 LEXINGTON AVE**  
CITY-ST-ZIP **NEW YORK, NY 10174-1901**

TITLE **VPT**  Delete  
NAME **WILLIAM, KROMBERG**  
STREET ADDRESS **405 LEXINGTON AVENUE**  
CITY-ST-ZIP **NEW YORK NY 10174-1901**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 other like empowered.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/03  
Date

212-878-1843  
Daytime Phone #

CR2E034 (10/02)