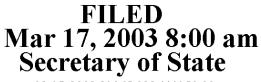
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



1. Entity Na	JMENT# P24" E CHEMICAL COMPANY,						tary of State 03 91065 038 ***150.00				
Principal Pl. 86 HACKEN KEARNY NJ		86 HACI	Mailing Address 86 HACKENSACK AVE. KEARNY NJ 07032					(88)) 88 1 (18 148); Baba (19	U a 18181 a ru aran	1 3(2 () 87871 3(8)	P (PL) ((6)) (65)
2. Principal	Place of Business	3. Mailing	3. Mailing Address								
Suite, Ap	ot. #, etc.	Suite, A	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Sta		City & State				4. FEI Number 22-1814774			774	-	Applied For
Zip .	Country	Zip		Count	iry 			cate of Status Desire	<u> </u>	\$8.75 A	dditional
	6. Name and Address of Curre	m Registered A	agent		Name		7. Name	and Address of Ne	w Registered	Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD						ddress (P.	(P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324											
				ł	City				FI	Zip Co	de
the above the obligation of the state of the	e named entity submits this statemen ations of registered agent.						d agent, or		Florida. I arr	familiar with	, and accept
Afte Make Chec	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.0 k Payable to Florida Department	of State	, sale,	•			9.	Election Campaign Trust Fund Contribu	Financing		00 May Be d to Fees
10.		ID DIRECTORS		11.			ADDITIO	NS/CHANGES TO C	FFICERS AN	D DIRECTOR	IS IN 11
TITLE *IAME STREET ADDRESS CITY-ST-ZIP	PD		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		2 DO	NE, PE RCHEST	ETER JR. TER AVE. NJ 07016		☐ Change	X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NICOLAI, DONALD 6 ELKRIDGE RD. CALIFON NJ 07830		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		D NICO 6 ELI	LAI, D KRIDGE	ONALD		X Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	s Hunnman, Boyd 128 Mali Drive North Plainfield Nj		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	VP HUNN/ 128 N	AMAN, IALI D	BOYD	07062	X Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARTON, CHARLES T 8 HEATHCLIFF RD RUMSON NY		☐ Delete	TITLE NAME STREET CITY-ST	address T-Zip	D PARTO 8 HEA	ON, CH	ARLES T. FF RD. 07760	<u> </u>	△ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAAK, PHILIP C. 651 VALLEY ROAD BRIELLE NJ		☐ Delete	TITLE NAME STREET	ADDRESS I-ZIP			<u> </u>		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCORMICK, FRANCIS X. 342 MARINER DRIVE TARPON SPRINGS FL		X Delete	TITLE NAME STREET /	ADDRESS -ZIP					☐ Change	Addition

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 changed, or on an attachment with an address, witball other like empowered.

SIGNATURE:

3589.070