

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000003377 (8)**
1. Corporation Name

CHEMICAL SPECIALTIES, INC.



Principal Place of Business
**ONE WOODLAWN GREEN, SUITE 250
CHARLOTTE NC 28217**

Mailing Address
**ONE WOODLAWN GREEN, SUITE 250
CHARLOTTE NC 28217**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/27/1994	
21		26	PO Box 1330	4. FEI Number 56-0751521	Applied For <input type="checkbox"/> Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State HARRISBURG NC	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip 28075	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country	30	Country USA		
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code FL

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	NAME	AINS COUGH, STEPHEN B	1.1 TITLE	V	NAME	MOON, DAVID
STREET ADDRESS		STREET ADDRESS	ONE WOODLAWN GREEN, SUITE 250	1.2 NAME		STREET ADDRESS	3910 PHARR MILL RD.
CITY-ST-ZIP		CITY-ST-ZIP	CHARLOTTE NC 28217	1.3 STREET ADDRESS		CITY-ST-ZIP	HARRISBURG NC 28075
TITLE	D	NAME	KENNY, MICHAEL J	2.1 TITLE	V	NAME	PRESTON, ALAN
STREET ADDRESS		STREET ADDRESS	22 CHAMBERS ST	2.2 NAME		STREET ADDRESS	ONE WOODLAWN GREEN, SUITE 250
CITY-ST-ZIP		CITY-ST-ZIP	PRINCETON NJ	2.3 STREET ADDRESS		CITY-ST-ZIP	CHARLOTTE NC 28217
TITLE	DVS	NAME	RIORDAN, THOMAS J	3.1 TITLE	V	NAME	FITZGERALD, THOMAS
STREET ADDRESS		STREET ADDRESS	22 CHAMBERS ST	3.2 NAME		STREET ADDRESS	ONE WOODLAWN GREEN, SUITE 250
CITY-ST-ZIP		CITY-ST-ZIP	PRINCETON NJ	3.3 STREET ADDRESS		CITY-ST-ZIP	CHARLOTTE NC 28217
TITLE	VT	NAME	MOYES, JONATHAN	4.1 TITLE	V	NAME	SAUR, JAMES
STREET ADDRESS		STREET ADDRESS	ONE WOODLAWN GREEN, SUITE 250	4.2 NAME		STREET ADDRESS	ONE WOODLAWN GREEN, SUITE 250
CITY-ST-ZIP		CITY-ST-ZIP	CHARLOTTE NC 28217	4.3 STREET ADDRESS		CITY-ST-ZIP	CHARLOTTE, NC 28217
TITLE		NAME		4.4 CITY-ST-ZIP		NAME	BACCICH, THORN
STREET ADDRESS		STREET ADDRESS		5.1 TITLE	V	STREET ADDRESS	ONE WOODLAWN GREEN, SUITE 250
CITY-ST-ZIP		CITY-ST-ZIP		5.2 NAME		CITY-ST-ZIP	CHARLOTTE, NC 28217
TITLE		NAME		5.3 STREET ADDRESS		NAME	
STREET ADDRESS		STREET ADDRESS		5.4 CITY-ST-ZIP		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		6.1 TITLE		CITY-ST-ZIP	
TITLE		NAME		6.2 NAME		STREET ADDRESS	
STREET ADDRESS		STREET ADDRESS		6.3 STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP		6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:  **DAVID MOON** 7/14/98 (704) 455-5181

CR2E034 (5/98)