

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 328055 (9)**

1. Corporation Name  
**ARIZONA CHEMICAL SERVICE CORP**



Principal Place of Business: **6400 POPLAR AVENUE ATTENTION: TAX DEPARTMENT MEMPHIS TN 38197**  
Mailing Address: **6400 POPLAR AVENUE ATTENTION: TAX DEPARTMENT MEMPHIS TN 38197**

3. Date Incorporated or Qualified: **03/22/1968**  
3a. Date of Last Report: **05/18/1995**

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country  
30.

4. FEI Number: **22-1854610**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. 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

**OFFICERS AND DIRECTORS**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>SNAPP, M.L.</b>	
STREET ADDRESS	<b>1001 E. BUSINESS HWY 98</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>SPINNER, E.</b>	
STREET ADDRESS	<b>1001 E. BUSINESS HWY 98</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>GREER, C.C.</b>	
STREET ADDRESS	<b>1001 E. BUSINESS HWY 98</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>NERHEIM, S.E.</b>	
STREET ADDRESS	<b>TWO MANHATTANVILLE RD</b>	
CITY-ST-ZIP	<b>PURCHASE NY</b>	
TITLE	<b>AT</b>	<input type="checkbox"/> DELETE
NAME	<b>FINNEGAN, JOHN</b>	
STREET ADDRESS	<b>6400 POPLAR AVE</b>	
CITY-ST-ZIP	<b>MEMPHIS TN</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>WALLACE, ARTHUR</b>	
STREET ADDRESS	<b>TWO MANHATTANVILLE RD.</b>	
CITY-ST-ZIP	<b>PURCHASE NY</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, change or on an attachment with an address.

SIGNATURE:

*John Finnegan*

John Finnegan

04/23/96 901-763-6000

Date

Daytime Phone #

CR2E034 (12/95)