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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 38197-0100

3. Date Incorporated or Qualified
03/22/1968

3a. Date of Last Report
05/01/1996

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 P ☒ DELETE
NAME SNAPP, M.L.
STREET ADDRESS 1001 E. BUSINESS HWY 98
CITY-ST-ZIP PANAMA CITY FL

1.1 TITLE P ☐ Change ☒ Addition
1.2 NAME Cederna, James A
1.3 STREET ADDRESS 1001 E. Business HWY 98
1.4 CITY-ST-ZIP Panama City, FL 32404

TITLE V ☒ DELETE
NAME SPINNER, E.
STREET ADDRESS 1001 E. BUSINESS HWY 98
CITY-ST-ZIP PANAMA CITY FL

2.1 TITLE V ☐ Change ☒ Addition
2.2 NAME Staab, Diane D
2.3 STREET ADDRESS 1001 E. Business HWY 98
2.4 CITY-ST-ZIP Panama City, FL 32404

TITLE V ☒ DELETE
NAME GREER, C.C.
STREET ADDRESS 1001 E. BUSINESS HWY 98
CITY-ST-ZIP PANAMA CITY FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE AS ☒ DELETE
NAME NERHEIM, S.E.
STREET ADDRESS TWO MANHATTANVILLE RD
CITY-ST-ZIP PURCHASE NY

4.1 TITLE AS ☐ Change ☒ Addition
4.2 NAME McLaughlin, Ellen
4.3 STREET ADDRESS Two Manhattanville Rd.
4.4 CITY-ST-ZIP Purchase, NY 10577

TITLE AT ☐ DELETE
NAME FINNEGAN, JOHN
STREET ADDRESS 6400 POPLAR AVE
CITY-ST-ZIP MEMPHIS TN

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE S ☒ DELETE
NAME WALLACE, ARTHUR
STREET ADDRESS TWO MANHATTANVILLE RD.
CITY-ST-ZIP PURCHASE NY

6.1 TITLE S ☐ Change ☒ Addition
6.2 NAME Guedry, James W.
6.3 STREET ADDRESS Two Manhattanville Rd.
6.4 CITY-ST-ZIP Purchase, NY 10577

14. I do 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 on an attachment with an address.

SIGNATURE:

John Finnegan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Finnegan

04/28/97

901-763-6000

Daytime Phone #

0477350

CR2E034 (9/96)