

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 12 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 # **328055**
1. Corporation Name
ARIZONA CHEMICAL SERVICE CORP

(9)



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

Mailing Address
**6400 POPLAR AVENUE
ATTENTION: TAX DEPARTMENT
MEMPHIS TN 38197**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/22/1968	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 22-1854610	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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	

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 (if applicable)

(SOLE Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CENDERNA, JAMES A.	1.2 NAME	
STREET ADDRESS	1001 E. BUSINESS HWY 98	1.3 STREET ADDRESS	
CITY- ST- ZIP	PANAMA CITY FL	1.4 CITY- ST- ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAAB, DIANE D.	2.2 NAME	
STREET ADDRESS	1001 E. BUSINESS HWY 98	2.3 STREET ADDRESS	
CITY- ST- ZIP	PANAMA CITY FL	2.4 CITY- ST- ZIP	
TITLE	AS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLAUGHLIN, ELLEN	3.2 NAME	
STREET ADDRESS	TWO MANHATTANVILLE RD	3.3 STREET ADDRESS	
CITY- ST- ZIP	PURCHASE NY	3.4 CITY- ST- ZIP	
TITLE	AT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINNEGAN, JOHN	4.2 NAME	
STREET ADDRESS	6400 POPLAR AVE	4.3 STREET ADDRESS	
CITY- ST- ZIP	MEMPHIS TN	4.4 CITY- ST- ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUEDRY, JAMES W.	5.2 NAME	
STREET ADDRESS	TWO MANHATTANVILLE RD.	5.3 STREET ADDRESS	
CITY- ST- ZIP	PURCHASE NY	5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 on an attachment with an address.

SIGNATURE: *John Finnegan* 4/27/98 901-763-6000

CR2E034 (10/97)