

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90016 003 \*\*\*550.00

**DOCUMENT # 803218**

1. Entity Name  
**SQM NORTH AMERICA CORPORATION**



Principal Place of Business  
**3101-TOWERCREEK PARKWAY  
SUITE #450  
ATLANTA, GA 30339 US**

Mailing Address  
**3101 TOWERCREEK PARKWAY  
SUITE #450  
ATLANTA, GA 30339 US**

**44047998**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07072004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**13-4995710**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME RUIZ, IGNACIO  
STREET ADDRESS 3101 TOWERCREEK PARKWAY, SUITE 450  
CITY-ST-ZIP ATLANTA, GA 30339

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME HANNAH, DAVID  
STREET ADDRESS 3101 TOWERCREEK PARKWAY, SUITE 450  
CITY-ST-ZIP ATLANTA, GA 30339

TITLE T ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☒ Delete  
NAME MCBRIDE, WILLIAM  
STREET ADDRESS 3101 TOWERCREEK PARKWAY, SUITE 450  
CITY-ST-ZIP ATLANTA, GA 30339

TITLE S ☐ Change ☒ Addition  
NAME Helen Elrod  
STREET ADDRESS 3101 Towercreek Pkwy, Suite 450  
CITY-ST-ZIP Atlanta, GA 30339

TITLE C ☒ Delete  
NAME PONCE, JULIO  
STREET ADDRESS 3101 TOWERCREEK PARKWAY, SUITE 450  
CITY-ST-ZIP ATLANTA, GA 30339

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VC ☒ Delete  
NAME CONTESSE, PATRICIO  
STREET ADDRESS 3101 TOWERCREEK PARKWAY, SUITE 450  
CITY-ST-ZIP ATLANTA, GA 30339

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-7-04**

**770-916-9440**

Date

Daytime Phone #