

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90058 033 ***150.00

DOCUMENT # 804463

1. Entity Name
ARIZONA CHEMICAL COMPANY

Principal Place of Business 6400 POPLAR AVE 1001 E BUS HWY 98 PANAMA CITY FL 32401 US		Mailing Address 6400 POPLAR AVE. ATTN: TAX DEPT MEMPHIS TN 38197-0100 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 13-0445587		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		7. Name and Address of New Registered Agent	
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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE V	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STOWELL, LARRY		STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS 1001 E BUSINESS HWY 98			
CITY-ST-ZIP PANAMA CITY FL			
TITLE AT	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KLIMAN, THOMAS		STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS 6400 POPLAR AVE			
CITY-ST-ZIP MEMPHIS TN 38197			
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CEDERNA, JAMES A		STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS 1001 E BUSINESS HWY 98			
CITY-ST-ZIP PANAMA CITY FL			
TITLE AT	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FINNEGAN, JOHN		STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS 6400 MANHATTANVILLE RD			
CITY-ST-ZIP MEMPHIS TN 38197			
TITLE S	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GUEDRY, JAMES		STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS 2 MANHATTANVILLE RD			
CITY-ST-ZIP PURCHASE NY			
TITLE S	<input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MCLAUGHLIN, ELLEN		STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS TWO MANHATTANVILLE ROAD.			
CITY-ST-ZIP PURCHASE NY 10577			

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Finnegan DATE: 04/20/00 DAYTIME PHONE #: (901) 763-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2000/01/01