2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 804463

Entity Name: ARIZONA CHEMICAL COMPANY

FILED Apr 07, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 400 ATLANTIC ST STAMFORD, CT 06901 US **Current Mailing Address: New Mailing Address:** 6400 POPLAR AVE. ATTN: TAX DEPT. MEMPHIS, TN 38197 FEI Number: 13-0445587 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition MELICAN, JAMES P PARRS, MARIANNE M Name: Name: 400 ATLANTIC ST 400 ATLANTIC ST Address: Address: City-St-Zip: STAMFORD, CT 06901 City-St-Zip: STAMFORD, CT 06901 Title: Title: () Delete () Change () Addition Name: KLIMAN, THOMAS Name: 6400 POPLAR AVE Address: Address: MEMPHIS, TN 38197 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition LESSIN, ANDREW R Name: Name: 400 ATLANTIC ST Address: Address: City-St-Zip: STAMFORD, CT 06901 City-St-Zip: () Delete Title: Title: (X) Change () Addition FINNEGAN, JOHN WILLIAMSON, MICHAEL Name: Name: Address: 6400 POPLAR AVENUE Address: 6400 POPLAR AVENUE City-St-Zip: MEMPHIS, TN 38197 City-St-Zip: MEMPHIS, TN 38197 Title: Title: () Delete () Change () Addition SMITHERS, BARBARA L Name: Name: 400 ATLANTIC ST Address: Address: City-St-Zip: STAMFORD, CT 06901 City-St-Zip: Title: () Delete Title: (X) Change () Addition BAUER, PAULA Name: Name: SHELL, ROBERT S 400 ATLANTIC ST. 4040 WILLOW LAKE BLVD Address: Address: City-St-Zip: STAMFORD, CT 06901 City-St-Zip: MEMPHIS, TN 38118

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL WILLIAMSON AT 04/07/2004