

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 804463

FILED  
Mar 15, 2006  
Secretary of State

Entity Name: ARIZONA CHEMICAL COMPANY

## Current Principal Place of Business:

400 ATLANTIC ST  
STAMFORD, CT 06901 US

## New Principal Place of Business:

6400 POPLAR AVE  
MEMPHIS, TN 38197 US

## Current Mailing Address:

6400 POPLAR AVE.  
ATTN: TAX DEPT.  
MEMPHIS, TN 38197

## New Mailing Address:

FEI Number: 13-0445587      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Title: D ( ) Delete  
Name: PARRS, MARIANNE M  
Address: 400 ATLANTIC ST  
City-St-Zip: STAMFORD, CT 06901

Title: AT ( ) Delete  
Name: KLIMAN, THOMAS  
Address: 6400 POPLAR AVE  
City-St-Zip: MEMPHIS, TN 38197

Title: VP ( ) Delete  
Name: LESSIN, ANDREW R  
Address: 400 ATLANTIC ST  
City-St-Zip: STAMFORD, CT 06901

Title: AS ( ) Delete  
Name: WILLIAMSON, MICHAEL  
Address: 6400 POPLAR AVENUE  
City-St-Zip: MEMPHIS, TN 38197

Title: S ( ) Delete  
Name: SMITHERS, BARBARA L  
Address: 400 ATLANTIC ST  
City-St-Zip: STAMFORD, CT 06901

Title: AT ( ) Delete  
Name: SHELL, ROBERT S  
Address: 4040 WILLOW LAKE BLVD  
City-St-Zip: MEMPHIS, TN 38118

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: PARRS, MARIANNE M  
Address: 6400 POPLAR AVE  
City-St-Zip: MEMPHIS, TN 38197

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: SCOTT, MICHELE T  
Address: 6400 POPLAR AVE  
City-St-Zip: MEMPHIS, TN 38197

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

AS

03/15/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date