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Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 817268

1. Corporation Name

Principal Place of Business

CHEMROCK CORPORATION

1101 KERMIT DR. STE 630 NASHVILLE TENNESSEE 37217 US		1101 KERMIT DR. STE 630 NASHVILLE TENNESSEE 37217 US			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 12/04/95]
2 Principal Pl	one of Business	2a. Mailing Address			4. FEI Number	Α.	pplied For	
2. Principal Place of Business 21 4269 EDGEWOOD DR.		26 23705 CRENSHAW BLVD.,			62-1622370		lot Applicable	
		Suite, Apt. #, etc.	ZW DI				Additional	
Suite, Apt. #	#, etc.	<u> </u>			5, Certificate of Status Desired	•	Required	
22		27 SUITE 101 City & State			0. Election Commission Financing	\$5.00	May Be	
<u> </u>	CONVILLE EL	 			6Election:Campaign:Financing Trust Fund Contribution	* -	to Fees	_
	SONVILLE, FL Country	_======================================	Zip Country		This corporation owes the current year			1
Zip		. —	10	,	Personal Property Tax.	∏ Yes	₩	
24 32254			- T		10. Name and Address of New Registe	red Agent	A	1
	9. Name and Address of Current	. Registered Agent		81 Name	10. Hallio and Adains of the Maria	<u> </u>		ĺ
CT C	CORPORATION SYSTEM		İ			==		
	S. PINE ISLAND ROAD		Ī	82 Street	Address (P.O. Box Number is Not Acceptable)			
	NTATION FL 33324			83				ì
PLAN	NIAHUN FL 33324		l	83				
			Ì	84 City	1	85 Zip	Code	
		1007 4500 51 11 01444	. 45 5		corporation submits this statement for the purpos	of changing it	s registered	ł
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was aut	nonzea	by the corpu	pration's board of directors. I hereby accept the ap	ppointment as i	egistered	
SIGNATURE					equired when reinstating). DATI			١.
Signature, typed or printed name of registered agent a				Agent signature re	equired when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS		ORS IN 12	8
12.		D DIRECTORS	1.1 TIT		ADDITIONS/OFFARGES TO GITTOETH	Change		1
TITLE	CEO						_	
NAME	PERLMAN, RAYMOND G		1.2 NA					8
STREET ADDRESS	225 CITY AVENUE							ן עַ
		/	1	REET ADDRESS				
CITY-ST-ZIP	BALA CYNYD PA	/	1.4 CIT	Y-ST-ZIP		Change	Addition	6
CITY-ST-ZIP TITLE		/ DELETE	1.4 CIT 2.1 TIT	Y-ST-ZIP LE	:	☐ Change	Addition	
	BALA CYNYD PA	/ DELETE	1.4 CIT	Y-ST-ZIP LE	:	Change	Addition	
TITLE	BALA CYNYD PA V	/ DELETE	1.4 CIT 2.1 TIT 2.2 NA	Y-ST-ZIP LE	: .	☐ Change	Addition	
TITLE NAME	BALA CYNYD PA V WAUGH, W. H.		1.4 CIT 2.1 TIT 2.2 NA 2.3 STI	Y-ST-ZIP LE ME				
TITLE NAME STREET ADORESS	BALA CYNYD PA V WAUGH, W. H. 7 PEACH BLOSSOM	DELETE	1.4 CIT 2.1 TIT 2.2 NA 2.3 STI	Y-ST-ZIP LE ME REET ADDRESS		☐ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BALA CYNYD PA V WAUGH, W. H. 7 PEACH BLOSSOM NASHVILLE_TN		1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CI	Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP. —				-
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	BALA CYNYD PA V WAUGH, W. H. 7 PEACH BLOSSOM NASHVILLE_TN VP		1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA	Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP. —				
TITLE NAME STREET ADDRESS - CITY-ST-ZIP TITLE NAME STREET ADDRESS	BALA CYNYD PA V WAUGH, W. H. 7 PEACH BLOSSOM NASHVILLE_IN VP KATZ, BARRY 225 CITY AVENUE		1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI	Y-ST-ZIP LE ME REET ADDRESS FY-ST-ZIP. =		☐ Change	e ☐ Addition	
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TITLE NAME STREET ADDRESS - CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY-ST- ZIP	BALA CYNYD PA V WAUGH, W. H. 7 PEACH BLOSSOM NASHVILLE_TN VP KATZ, BARRY 225 CITY AVENUE BALA CYNWYD PA S	□ DELETE	1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CIT 3.1 TIT 3.2 NA 3.3 STI 3.4 CIT	Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE		☐ Change	e ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	BALA CYNYD PA V WAUGH, W. H. 7 PEACH BLOSSOM NASHVILLE_TN VP KATZ, BARRY 225 CITY AVENUE BALA CYNWYD PA S MYERS, D. M. 104 EDGEBROOK ROAD	□ DELETE	1.4 CIT 11 2.1 TIT 2.2 NA 2.3 STI 3.1 TIT 3.2 NA 3.3 STI 3.4 CI 4.5 TIT 4.2 NA 4.3 STI 4.3 STI	Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME ME REET ADDRESS	SECRETARY MICHAEL CONLEY	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	BALA CYNYD PA V WAUGH, W. H. 7 PEACH BLOSSOM NASHVILLE_TN VP KATZ, BARRY 225 CITY AVENUE BALA CYNWYD PA S MYERS, D. M.	□ DELETE	1.4 CIT 11 2.1 TIT 2.2 NA 2.3 STI 3.1 TIT 3.2 NA 3.3 STI 3.4 CI 4.5 TIT 4.2 NA 4.3 STI 4.3 STI	Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE UME REET ADDRESS Y-ST-ZIP	SECRETARY MICHAEL CONLEY 225 CITY AVE.,	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	BALA CYNYD PA V WAUGH, W. H. 7 PEACH BLOSSOM NASHVILLE_TN VP KATZ, BARRY 225 CITY AVENUE BALA CYNWYD PA S MYERS, D. M. 104 EDGEBROOK ROAD	\X\) DELETE	1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4 CI 4.5 TIV 4.2 NA 4.3 STI 4.4 CIT	Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE UME REET ADDRESS Y-ST-ZIP LE VME REET ADDRESS Y-ST-ZIP	SECRETARY MICHAEL CONLEY 225 CITY AVE., BALA CYNWYD, PA ASS'T TREASURER	☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	BALA CYNYD PA V WAUGH, W. H. 7 PEACH BLOSSOM NASHVILLE_TN VP KATZ, BARRY 225 CITY AVENUE BALA CYNWYD PA S MYERS, D. M. 104 EDGEBROOK ROAD	\X\) DELETE	1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 4.2 NA 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA 5.3 STI	Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE MME REET ADDRESS Y-ST-ZIP LE MME REET ADDRESS Y-ST-ZIP LE	SECRETARY MICHAEL CONLEY 225 CITY AVE., BALA CYNWYD, PA ASS'T TREASURER ZENAIDA S. YOLO 23705 CRENSHAW BLVD., S	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	BALA CYNYD PA V WAUGH, W. H. 7 PEACH BLOSSOM NASHVILLE_TN VP KATZ, BARRY 225 CITY AVENUE BALA CYNWYD PA S MYERS, D. M. 104 EDGEBROOK ROAD	\X\) DELETE	1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 4.2 NA 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA 5.3 STI	Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE MME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	SECRETARY MICHAEL CONLEY 225 CITY AVE., BALA CYNWYD, PA ASS'T TREASURER ZENAIDA S. YOLO	☐ Change	Addition Addition	

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 attackment with an address; with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADORESS

CITY-ST-ZIP

OFFICER OR DIRECTOR