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Apr 08, 1999 8:00 am  
Secretary of State

04-08-1999 90080 047 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 817268

1. Corporation Name  
CHEMROCK CORPORATION



Principal Place of Business  
1101 KERMIT DR.  
STE 630  
NASHVILLE TENNESSEE 37217  
US

Mailing Address  
1101 KERMIT DR.  
STE 630  
NASHVILLE TENNESSEE 37217  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
~~08/09/1968~~ 12/04/95

4. FEI Number  
62-1622370

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
21 4269 EDGEWOOD DR.  
Suite, Apt. #, etc.  
22

2a. Mailing Address  
26 23705 CRENSHAW BLVD.,  
Suite, Apt. #, etc.  
27 SUITE 101  
City & State  
23 JACKSONVILLE, FL  
28 TORRANCE, CA  
Zip Country  
24 32254 25 29 90505 30

9. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	PERLMAN, RAYMOND G	
STREET ADDRESS	225 CITY AVENUE	
CITY-ST-ZIP	BALA CYNWD PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WAUGH, W. H.	
STREET ADDRESS	7 PEACH BLOSSOM	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KATZ, BARRY	
STREET ADDRESS	225 CITY AVENUE	
CITY-ST-ZIP	BALA CYNWD PA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MYERS, D. M.	
STREET ADDRESS	104 EDGEBROOK ROAD	
CITY-ST-ZIP	GOODLETTSVILLE TN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MICHAEL CONLEY
4.3 STREET ADDRESS	225 CITY AVE.,
4.4 CITY-ST-ZIP	BALA CYNWD, PA
5.1 TITLE	ASS'T TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ZENAIDA S. YOLO
5.3 STREET ADDRESS	23705 CRENSHAW BLVD., SUITE 101
5.4 CITY-ST-ZIP	TORRANCE, CA 90505
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 attachment with an address with all other like empowered.

SIGNATURE: *Zenaida S. Yolo* 3/30/99 (310) 517-0700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)