

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90106 027 ***150.00

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1. Entity Name
ESCAMBIA CHEMICAL CORPORATION



Principal Place of Business
**7201 HAMILTON BLVD
ATTN: TAX DEPT
ALLENTOWN, PA 18195**

Mailing Address
**7201 HAMILTON BLVD
ATTN: TAX DEPT
ALLENTOWN, PA 18195**

50010874



03212006 Chg-P CR2E034 (11/05)

4. FEI Number
23-1740575

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPCF
HUCK, PAUL E
7201 HAMILTON BLVD
ALLENTOWN, PA 18195** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
AFFLERBACH, MARY T
7201 HAMILTON BLVD
ALLENTOWN, PA 18195** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
STANLEY, JOHN D
7201 HAMILTON BLVD
ALLENTOWN, PA 18195** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BROWN, W. DOUGLAS
7201 HAMILTON BLVD.
ALLENTOWN, PA 18195** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
HUCK, PAUL E.
7201 Hamilton Blvd.
ALLENTOWN, PA 18195** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
Green, David H.
7201 Hamilton Blvd.
ALLENTOWN, PA 18195** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
Stinner, Charles G.
7201 Hamilton Blvd.
ALLENTOWN, PA 18195** ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowe

SIGNATURE:

Assistant Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/06 **610-481-8581**
Date Daytime Phone #