

DOCUMENT # 838677

1. Entity Name

HELENA CHEMICAL COMPANY

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90060 036 ***150.00

Principal Place of Business	Mailing Address
6075 POPLAR AVE SUITE 500 MEMPHIS TN 38119	6075 POPLAR AVE SUITE 500 MEMPHIS TN 38119

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number	71-0293688	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
----------------------------------	--------------------------	--------------------------------

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	---

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
<table><tr><td>TITLE</td><td>DCOB</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>TOYODA, YOSHIYA</td><td></td></tr><tr><td>STREET ADDRESS</td><td>450 LEXINGTON AVE.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>NEW YORK NY 10017</td><td></td></tr></table>	TITLE	DCOB	<input type="checkbox"/> Delete	NAME	TOYODA, YOSHIYA		STREET ADDRESS	450 LEXINGTON AVE.		CITY-ST-ZIP	NEW YORK NY 10017		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	DCOB	<input type="checkbox"/> Delete																							
NAME	TOYODA, YOSHIYA																								
STREET ADDRESS	450 LEXINGTON AVE.																								
CITY-ST-ZIP	NEW YORK NY 10017																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>PCEO</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>MCCARTY, MIKE</td><td></td></tr><tr><td>STREET ADDRESS</td><td>6075 POPLAR AVENUE #500</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>MEMPHIS TN</td><td></td></tr></table>	TITLE	PCEO	<input type="checkbox"/> Delete	NAME	MCCARTY, MIKE		STREET ADDRESS	6075 POPLAR AVENUE #500		CITY-ST-ZIP	MEMPHIS TN		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PCEO	<input type="checkbox"/> Delete																							
NAME	MCCARTY, MIKE																								
STREET ADDRESS	6075 POPLAR AVENUE #500																								
CITY-ST-ZIP	MEMPHIS TN																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>SAITO, SHINIEHI</td><td></td></tr><tr><td>STREET ADDRESS</td><td>450 LEXINGTON AVE.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>NEW YORK NY 10017</td><td></td></tr></table>	TITLE	D	<input type="checkbox"/> Delete	NAME	SAITO, SHINIEHI		STREET ADDRESS	450 LEXINGTON AVE.		CITY-ST-ZIP	NEW YORK NY 10017		<table><tr><td>TITLE</td><td></td><td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>Saito, Shinichi</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Saito, Shinichi		STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	SAITO, SHINIEHI																								
STREET ADDRESS	450 LEXINGTON AVE.																								
CITY-ST-ZIP	NEW YORK NY 10017																								
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME	Saito, Shinichi																								
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>VCFO</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>TRAXLER, TROY D.,JR.</td><td></td></tr><tr><td>STREET ADDRESS</td><td>6075 POPLAR AVE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>MEMPHIS TN</td><td></td></tr></table>	TITLE	VCFO	<input type="checkbox"/> Delete	NAME	TRAXLER, TROY D.,JR.		STREET ADDRESS	6075 POPLAR AVE		CITY-ST-ZIP	MEMPHIS TN		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	VCFO	<input type="checkbox"/> Delete																							
NAME	TRAXLER, TROY D.,JR.																								
STREET ADDRESS	6075 POPLAR AVE																								
CITY-ST-ZIP	MEMPHIS TN																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>IDE, MITSUAKI</td><td></td></tr><tr><td>STREET ADDRESS</td><td>6075 POPLAR AVE., STE 500</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>MEMPHIS TN 38119</td><td></td></tr></table>	TITLE	D	<input type="checkbox"/> Delete	NAME	IDE, MITSUAKI		STREET ADDRESS	6075 POPLAR AVE., STE 500		CITY-ST-ZIP	MEMPHIS TN 38119		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	IDE, MITSUAKI																								
STREET ADDRESS	6075 POPLAR AVE., STE 500																								
CITY-ST-ZIP	MEMPHIS TN 38119																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)