## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 838677  1. Entity Name  HELENA CHEMICAL COMPANY					Feb 06, 2002 8:00 am Secretary of State 02-06-2002 90046 007 ***150.00		
Principal Place of Business  Mailing Address  6075 POPLAR AVE 225 Schilling BLUD 6075 POPLAR AVE 225 Schilling BLUD SUITE 500  SUITE 500  MEMPHIS TN 38119 Collierville TN 38017  Delivery 11 in TN 38017							
2. Principal Place of Business  22. Schilling BLVD  3. Mailing Address  22. Schilling Suite, Apt. #, etc.  3. Wailing Address  Suite, Apt. #, etc.			-M. s	UD		III IIII IIII IIII IIIII IIIII TE IN THIS SPACE	OIB(I DIU)( IBE)
City & Star	evuille TN.	Collienville Zip	7/4.381 Country 115	07 4.	FEI Number 71-0293688	N	pplied For lot Applicable
<u> 38</u>	6. Name and Address of Current Re		45	77	Certificate of Status Desired  Name and Address of New F	□ \$8.75 Ac Fee Require	
- Name					Marine and Address of New H	egistered Agent	
CT CORPORATION SYSTEM  \$200 S. PINE ISLAND ROAD  Street Address				ddress (P.O.	Box Number is Not Acceptable	<del>)</del>	
_	ION FL 33324		City			FL Zip Coo	de
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							
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! FEE After May 1, 2002 Fee Make Check Payable to Do			2 Fee will be \$5	50.00	10. Election Campaign Fin Trust Fund Contributio	, — AA	00 May Be d to Fees
TITLE	OFFICERS AND DI	RECTORS Delete	12.	AĈ	DDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR  Change	RS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	TOYODA, YOSHIYA 450 LEXINGTON AVE. NEW YORK NY 10017		NAME STREET ADDRESS CITY-ST-ZIP				Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MCCARTY, MIKE 6075 POPLAR AVENUE #500 MEMPHIS-TN	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MCCAR 2253 Collier	TY, MIKE Chilling BLUD Ville, TN 3801	<b>□</b> Change	☐ Addition
TITLE NAME _ STREET ADDRESS CITY-ST-ZIP	D SAITO, SHINICHI 450 LEXINGTON AVE. NEW YORK NY 10017	□ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	•		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO TRAXLER, TROY D.,JR. 6075 POPLAR AVE MEMPHIS TN	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO TRAYL 22555 Collier	ER TROY D. JR willing BLVD wille, TN 3801	<b>□-</b> <del>Oria</del> nge	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IDE, MITSUAKI 6075 POPLAR AVE., STE 500 MEMPHIS TN 38119	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	∏ suatige	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Toshi 225 S Collier	o Shinizu jehilling BLVD willer TN. 38	☐ Change	Addition
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: SIGNATURE CFU Troy Trax/e/ J1. 1/15/02 91/5377206							

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Troy Trax/e1. J. 1/15/02 91/5377206