2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2009
Secretary of State

DOCUMENT# 838677

Entity Name: HELENA CHEMICAL COMPANY

Current Principal Place of Business:

225 SCHILLING BLVD
STE 300
COLLIERVILE, TN 38107

New Principal Place of Business:

Current Mailing Address:

225 SCHILLING BLVD
STE 300
COLLIERVILE, TN 38107

New Mailing Address:

FEI Number: 71-0293688 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete
Name: MCARTY, MIKE
Address: 225 SCHILLING BLVD STE 300
City-St-Zip: COLLIERVILLE, TN 38017

Title: VCFO ( ) Delete
Name: TRAXLER, TROY D JR
Address: 225 SCHILLING BLVD STE 300
City-St-Zip: GERMANTOWN, TN 38139

Title: V ( ) Delete
Name: ADAMS, CHARLES
Address: 225 SCHILLING BLVD STE 300
City-St-Zip: COLLIERVILLE, TN 38017

Title: V ( ) Delete
Name: MILTON, ALLEN
Address: 225 SCHILLING BLVD
City-St-Zip: COLLIERVILLE, TN 38017

Title: T ( ) Delete
Name: LEWIS, ROGER
Address: 225 SCHILING
City-St-Zip: COLLIERVILLE, TN 38017

Title: DAS ( ) Delete
Name: HAWINS, DAVID
Address: 225 SCHILLING BLVD
City-St-Zip: COLLIERVILLE, TN 38017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: DAVE, THOMAS
Address: 225 SCHILLING BLVD STE 300
City-St-Zip: COLLIERVILLE, TN 38017

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TROY TRAXLER JR CFO 06/24/2009

Electronic Signature of Signing Officer or Director — Date