FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 848326 (5)

1. Corporation Name
PHOSACID SERVICE & SUPPLY, INC.

Principal Place of Business
ONE SALEM LAKE DR
LONG GROVE IL 60047-8402
US

Mailing Address
ONE SALEM LAKE DR
LONG GROVE IL 60047-8402
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/23/1981
3a. Date of Last Report: 05/01/1994
4. FEI Number: 36-3134538 — 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business: 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___
2a. Mailing Address: 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 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 FL 85 Zip Code

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 ___

12. OFFICERS AND DIRECTORS

TITLE	DVS
NAME	OBERT, P.R.
STREET ADDRESS	ONE SALEM LAKE DR
CITY-ST-ZIP	LONG GROVE IL
TITLE	V
NAME	HOLMES, A.L.
STREET ADDRESS	BONNIE MINE ROAD
CITY-ST-ZIP	BARTOW FL
TITLE	VD
NAME	WILSON, S.R.
STREET ADDRESS	ONE SALEM LAKE DR
CITY-ST-ZIP	LONG GROVE IL
TITLE	PD
NAME	LIUZZI, R C
STREET ADDRESS	ONE SALEM LAKE DR
CITY-ST-ZIP	LONG GROVE IL
TITLE	T
NAME	BAKER, D.W.
STREET ADDRESS	ONE SALEM LAKE DR
CITY-ST-ZIP	LONG GROVE IL
TITLE	AS
NAME	SCOTT, J. J.
STREET ADDRESS	ONE SALEM LAKE DRIVE
CITY-ST-ZIP	LONG GROVE IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (blank; each entry: ☐ Change ☐ Addition)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(i), 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.

SIGNATURE: *Dennis W Baker* Dennis W. Baker, Treasurer 4/28/95 (708)438-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0388212 CP