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May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **848326** **(5)**

1. Corporation Name
PHOSACID SERVICE & SUPPLY, INC.

Principal Place of Business	Mailing Address
ONE SALEM LAKE DR LONG GROVE IL 60047-8402 US	ONE SALEM LAKE DR LONG GROVE IL 60047-8401 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 60047-8402 / 30

3. Date Incorporated or Qualified: 02/23/1981	3a. Date of Last Report: 05/01/1996
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	

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	OBERT, P.R.		1.2 NAME		
STREET ADDRESS	ONE SALEM LAKE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	LONG GROVE IL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HOLMES, A.L.		2.2 NAME		
STREET ADDRESS	BONNIE MINE ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, S.R.		3.2 NAME		
STREET ADDRESS	ONE SALEM LAKE DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	LONG GROVE IL		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LIUZZI, R C		4.2 NAME		
STREET ADDRESS	ONE SALEM LAKE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	LONG GROVE IL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BAKER, D.W.		5.2 NAME		
STREET ADDRESS	ONE SALEM LAKE DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	LONG GROVE IL		5.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SCOTT, J. J.		6.2 NAME		
STREET ADDRESS	ONE SALEM LAKE DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	LONG GROVE IL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 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 4/30/97 (847)438-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #