

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90111 004 \*\*\*150.00

**DOCUMENT # 848326**

1. Entity 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

**50049478**



1st MOORE

CR2E034 (10/04)

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

36-3134538

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DVS ☐ Delete  
NAME BARNARD, D.C.  
STREET ADDRESS ONE SALEM LAKE DR  
CITY-ST-ZIP LONG GROVE IL 60047

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME MORRIS, H.E  
STREET ADDRESS 10608 PAUL BUCHMAN HWY  
CITY-ST-ZIP PLANT CITY FL 33565

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME SULTENFUSS, J.H.  
STREET ADDRESS ONE SALEM LAKE DR  
CITY-ST-ZIP LONG GROVE IL 60047

TITLE VP, CFO & Director ☒ Change ☐ Addition  
NAME Thomas, Ernest  
STREET ADDRESS One Salem Lake Dr.  
CITY-ST-ZIP Long Grove, IL 60047

TITLE PD ☐ Delete  
NAME WILSON, S.R.  
STREET ADDRESS ONE SALEM LAKE DR  
CITY-ST-ZIP LONG GROVE IL 60047

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME BAKER, D.W.  
STREET ADDRESS ONE SALEM LAKE DR  
CITY-ST-ZIP LONG GROVE IL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☐ Delete  
NAME SCOTT, J. J.  
STREET ADDRESS ONE SALEM LAKE DRIVE  
CITY-ST-ZIP LONG GROVE IL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*D.W. Baker*

D.W. Baker

04/28/05

847/438-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #