

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90175 031 ***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	
2. Principal Place of Business - No P.O. Box # 4 Parkway North Suite, Apt. #, etc. Suite 400 City & State Deerfield, IL Zip 60015-2590		3. Mailing Address 4 Parkway North Suite, Apt. #, etc. Suite 400 City & State Deerfield, IL Zip 60015-2590	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DVS BARNARD, D.C. ONE SALEM LAKE DR LONG GROVE, IL 60047	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 4 Parkway North Suite 400 Deerfield, IL 60015-2590	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP V MORRIS, H.E 10608 PAUL BUCHMAN HWY PLANT CITY, FL 33565	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 4 Parkway North Suite 400 Deerfield, IL 60015-2590	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VCFD THOMAS, ERNEST ONE SALEM LAKE DR LONG GROVE, IL 60047	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 4 Parkway North Suite 400 Deerfield, IL 60015-2590	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD WILSON, S.R. ONE SALEM LAKE DR LONG GROVE, IL 60047	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 4 Parkway North Suite 400 Deerfield, IL 60015-2590	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP T BAKER, D.W. ONE SALEM LAKE DR LONG GROVE, IL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Treasurer & Assit. Sec. Randall W. Selgrad 4 Parkway North Suite 400 Deerfield, IL 60015-2590	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP AS SCOTT, J. J. ONE SALEM LAKE DRIVE LONG GROVE, IL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Assistant Secretary Stephen G. Chase 4 Parkway North Suite 400 Deerfield, IL 60015-2590	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 or other like empowered.			
SIGNATURE:		Ernest Thomas 03/26/07 847/405-2400 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>	