

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 848326

FILED  
Apr 08, 2011  
Secretary of State

**Entity Name:** PHOSACID SERVICE & SUPPLY, INC.

**Current Principal Place of Business:**

4 PARKWAY NORTH  
SUITE 400  
DEERFIELD, IL 600152590 US

**New Principal Place of Business:**

**Current Mailing Address:**

4 PARKWAY NORTH  
SUITE 400  
DEERFIELD, IL 600152590 US

**New Mailing Address:**

**FEI Number:** 36-3134538

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

**OFFICERS AND DIRECTORS:**

Title: DVS  
Name: BARNARD, D.C.  
Address: 4 PARKWAY NORTH SUITE 400  
City-St-Zip: DEERFIELD, IL 600152590

Title: V  
Name: MORRIS, H.E  
Address: 10608 PAUL BUCHMAN HWY  
City-St-Zip: PLANT CITY, FL 33565

Title: VPD  
Name: HOKER, RICHARD A  
Address: 4 PARKWAY NORTH SUITE 400  
City-St-Zip: DEERFIELD, IL 600152590

Title: PD  
Name: WILSON, S.R.  
Address: 4 PARKWAY NORTH SUITE 400  
City-St-Zip: DEERFIELD, IL 600152590

Title: VTAS  
Name: SELGRAD, RANDALL W  
Address: 4 PARKWAY NORTH SUITE 400  
City-St-Zip: DEERFIELD, IL 600152590

I hereby 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 all other like empowered.

SIGNATURE: RANDALL W. SELGRAD

VTAS

04/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date