

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 850209

1. Entity Name

ALLIED CHEMICAL CORPORATION

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90061 024 ***150.00

Principal Place of Business

Mailing Address

101 COLUMBIA RD
P.O. BOX 1057 - TAX DEPT
MORRISTOWN NJ 07962

101 COLUMBIA RD
P.O. BOX 1057 - TAX DEPT
MORRISTOWN NJ 07962-1057

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 **22-2338767**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VSD	<input type="checkbox"/> Delete
NAME	PATRICK, VICTOR P	
STREET ADDRESS	101 COLUMBIA RD	
CITY-ST-ZIP	MORRISTOWN NJ 07962	
TITLE	V	<input type="checkbox"/> Delete
NAME	SINAIKIN, RONALD A	
STREET ADDRESS	101 COLUMBIA RD	
CITY-ST-ZIP	MORRISTOWN NJ 07962	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MARSHALL, DENNIS R.	
STREET ADDRESS	101 COLUMBIA ROAD	
CITY-ST-ZIP	MORRISTOWN NJ 07962	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GAMBLE, JOHN J	
STREET ADDRESS	101 COLUMBIA ROAD	
CITY-ST-ZIP	MORRISTOWN NJ 07962	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	BROWNSTEIN, PAUL	
STREET ADDRESS	101 COLUMBIA RD	
CITY-ST-ZIP	MORRISTOWN NJ 07962	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	BROWNSTEIN, PAUL	
STREET ADDRESS	101 COLUMBIA RD	
CITY-ST-ZIP	MORRISTOWN NJ 07962	

TITLE	VAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Monique Edwards	
STREET ADDRESS	101 Columbia Rd	
CITY-ST-ZIP	Morristown, NJ 07962	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)