2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

OR PRINTED NAME OF SIGNING DEF

SIGNATURE AND TY

SIGNATURE:

Feb 24, 2004 8:00 am Secretary of State **DOCUMENT # F00000003348** 1. Entity Name 02-24-2004 90007 041 ***150.00 CHEM INTERNATIONAL, INC. Principal Place of Business Mailing Address PO BOX 5501 PO BOX 5501 54010132 **GREENVILLE SC 29606** GREENVILLE SC 29606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 57-1098356 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEVY, STAN Street Address (P.O. Box Number is Not Acceptable) 21261 B CLUBSIDE DRIVE **BOCA RATON FL 33434** City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 PCD ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME WASHICK, FRANK R NAME 297 D GARLINGTON ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GREENVILLE SC CITY-ST-ZIP STD TITLE Delete TITLE ☐ Change Addition ELROD, MARSHA NAME NAME STREET ADDRESS 297 D GARLINGTON ROAD STREET ADDRESS **GREENVILLE SC** CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME Frank M. Washick 297 > Garlington Rd. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS 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

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