

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90027 011 \*\*\*150.00

**DOCUMENT # F00000007190**

1. Entity Name

BALCRANK PRODUCTS INC.



Principal Place of Business

C/O GENERAL CHEMICAL CORPORATION  
90 EAST HALSEY ROAD  
PARSIPPANY, NJ 07054

Mailing Address

C/O GENERAL CHEMICAL CORPORATION  
90 EAST HALSEY ROAD  
PARSIPPANY, NJ 07054



04092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

38-2897194

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE VP  
NAME GRIERSON, DOUGLAS  
STREET ADDRESS 90 E HALSEY RD  
CITY-ST-ZIP PARSIIPPANY, NJ 07054

TITLE VCFO  
NAME TESTA, THOMAS B  
STREET ADDRESS 90 EAST HALESY ROAD  
CITY-ST-ZIP PARSIIPPANY, NJ 07054

TITLE S  
NAME IMBRIACO, JAMES  
STREET ADDRESS 90 EAST HALESY ROAD  
CITY-ST-ZIP PARSIIPPANY, NJ 07054

TITLE P  
NAME REDMOND, WILLIAM E JR  
STREET ADDRESS 90 E HALSEY RD  
CITY-ST-ZIP PARSIIPPANY, NJ 07054

TITLE AT  
NAME O'SHIELDS, VICKI  
STREET ADDRESS ONE BALCRANK WAY  
CITY-ST-ZIP WEAVERVILLE, NC 28787

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #