

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001786

FILED
Mar 28, 2006
Secretary of State

Entity Name: TRIANGLE CHEMICAL COMPANY

Current Principal Place of Business:

206 LOWER ELM ST.
MACON, GA 31206

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4528
MACON, GA 312084528

New Mailing Address:

FEI Number: 58-0531579 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HANSON, TOM
720 W. MEYERS BLVD.
MASCOTTE, FL 34753 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: GRIFFIN, WYCLIFFE R
Address: 808 2ND ST.
City-St-Zip: OCILLA, GA 31774

Title: D () Delete
Name: MADDUX, MELANIE
Address: 6037 S. YORKTOWN PL
City-St-Zip: TULSA, OK 74105

Title: D () Delete
Name: MUDDUX, R.H.
Address: P.O. BOX 391
City-St-Zip: SMARR, GA 310860391

Title: P () Delete
Name: MADDUX, EUGENE M
Address: 2829 HWY 41 SOUTH
City-St-Zip: SMARR, GA 31086

Title: V () Delete
Name: THOMSON, TOM B
Address: 1901 NORTHSIDE RD.
City-St-Zip: PERRY, GA 31089

Title: S () Delete
Name: GRIFFIN, W. ERIC
Address: 3626R VINEVILLE AVE
City-St-Zip: MACON, GA 31204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: PUCKETT, HENRY B
Address: 509 BROOKDALE DR
City-St-Zip: DUBLIN, GA 31021

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HENRY B. PUCKETT

V

03/28/2006

Electronic Signature of Signing Officer or Director

_____ Date