


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # F01000005015	
1. Entity Name HARCROS CHEMICALS INC.	

Principal Place of Business 5200 SPEAKER ROAD KANSAS CITY, KS 66106	Mailing Address PO BOX 2930 KANSAS CITY, KS 66110-2930 US
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DO NOT WRITE IN THIS SPACE



02062008 No Chg-P CR2E034 (11/05)

4. FEI Number 43-1935062	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

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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** _____

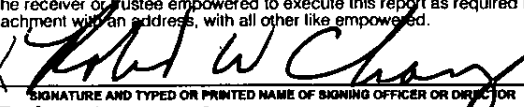
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000838209 03/05/08-80021-014 150.00
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10. OFFICERS AND DIRECTORS

TITLE	S/D
NAME	CHANEY, ROBERT W
STREET ADDRESS	5200 SPEAKER ROAD
CITY-ST-ZIP	KANSAS CITY, KS 66106
TITLE	P/D
NAME	MIRNER, KEVIN G
STREET ADDRESS	5200 SPEAKER ROAD
CITY-ST-ZIP	KANSAS CITY, KS 66106
TITLE	T/D
NAME	FELIX, JOHN R
STREET ADDRESS	5200 SPEAKER ROAD
CITY-ST-ZIP	KANSAS CITY, KS 66106
TITLE	AS/D
NAME	O'NEILL, JOHN F
STREET ADDRESS	5200 SPEAKER ROAD
CITY-ST-ZIP	KANSAS CITY, KS 66106
TITLE	D
NAME	SAVAGE, PETER J
STREET ADDRESS	5200 SPEAKER ROAD
CITY-ST-ZIP	KANSAS CITY, KS 66106
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  **913-321-3131**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert W. Chaney, VP & Secretary

Date _____ Daytime Phone # _____