


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90334 003 ***150.00

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|---|---|--|--|--|---|
| DOCUMENT # F02000004289 | | | |  | |
| 1. Entity Name ATC CHEMICAL CORPORATION | | | | | |
| Principal Place of Business 1051 CLINTON STREET BUFFALO, NY 14206 | | Mailing Address 555, BOUL POIRIER MAGOG, QUEBEC, CANADA J1X 7L1, XX | | | |
| 2. Principal Place of Business | | 3. Mailing Address <i>555, BOUL. POIRIER</i> | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04212005 Chg-P CR2E034 (10/03) | |
| City & State | | City & State | | 4. FEI Number 16-1418704 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Applied For | | Not Applicable | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDST CRIPPS, DAVID P 555 BOUL. POIRIER MAGOG, QUEBEC CANADA, <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LEVESQUE, RICHARD 44 MONTPELLIER GRANBY, QC J2H 2G8 CANADA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Austin, James 1 PARKLANDS, WANGFIELD LANE, CUDRIDGE, Southampton <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D QUBANY, JOHN 4269 ST. CATNERINES STREET W. MONTREAL, QUEBEC CANADA, <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | United Kingdom S032 2DA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S RUOLING, PAUL JAMES 010 RECTORY, THE GREEN CALBOURNE Newport, Isle OF WIGHT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | United Kingdom S032 2DA <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>Richard Levesque</i> | | Richard LEVESQUE | | Apr 21 2005 819-847-1863 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # #183 | |

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