

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000006376

FILED
Oct 16, 2006
Secretary of State

Entity Name: CHEMCENTRAL ATLANTIC CORPORATION

Current Principal Place of Business:

1 ALCHEMY PLACE
DORAVILLE, GA 30360

New Principal Place of Business:

Current Mailing Address:

1 ALCHEMY PLACE
DORAVILLE, GA 30360

New Mailing Address:

FEI Number: 57-1191999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CARINA DUNLAP

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COX, F. WILSON
Address: 1 ALCHEMY PLACE
City-St-Zip: DORAVILLE, GA 30360

Title: S () Delete
Name: ROST, MARK W
Address: 1 ALCHEMY PLACE
City-St-Zip: DORAVILLE, GA 30360

Title: T () Delete
Name: GULICK, NICHOLAS
Address: 1 ALCHEMY PLACE
City-St-Zip: DORAVILLE, GA 30360

Title: ASAT () Delete
Name: CARPIO, J. GRAHAM
Address: 1 ALCHEMY PLACE
City-St-Zip: DORAVILLE, GA 30360

Title: () Delete
Name:
Address:
City-St-Zip:

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: ASAT (X) Change () Addition
Name: CARPIO, J. GRAHAM
Address: 7050 W 71ST STREET
City-St-Zip: BEDFORD PARK, IL 60638

Title: AT () Change (X) Addition
Name: WINGEREID, WILLIAM R
Address: 7050 W 71ST STREET
City-St-Zip: BEDFORD PARK, IL 60638

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: WILLIAM R. WINGEREID

AT

10/16/2006

Electronic Signature of Signing Officer or Director

Date