

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006376

FILED  
Jul 09, 2007  
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: \_\_\_\_\_

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: 7050 W 71ST STREET  
City-St-Zip: BEDFORD PARK, IL 60638

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

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

I hereby certify that the information supplied with this filing does not qualify 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

07/09/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date