



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90086 007 ***150.00

DOCUMENT # F05000003913 1. Entity Name WELLMAN RESINS, INC					
Principal Place of Business 1041 521 CORPORATE CENTER DRIVE FORT MILL, SC 29715			Mailing Address 1041 521 CORPORATE CENTER DRIVE FORT MILL, SC 29715		
2. Principal Place of Business - No P.O. Box # 1041 521 Corporate Center Drive Suite, Apt. #, etc.		3. Mailing Address 1041 521 Corporate Center Drive Suite, Apt. #, etc.			
City & State Fort Mill, SC Zip 29707-7151		City & State Fort Mill, SC Zip 29707-7151		4. FEI Number 04-1671740 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD DUFF, THOMAS M 410 CORAL LN. KEY LARGO, FL 33037	<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	V PHILLIPS, KEITH R 1041 521 CORPORATE CENTER DRIVE FORT MILL, SC 29715	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Phillips, Keith R 1041 521 Corporate Center Drive Fort Mill, SC 29707-7151 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASV STYKA, DAVID R 1041 521 CORPORAT CENTER DR. FORT MILL, SC 29715	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	David V Styka, David R. 1041 521 Corporate Center Drive Fort Mill, SC 29707-7151 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, JAMES B 1041 521 CORPORATE CENTER DRIVE FORT MILL, SC 29715	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Baker, James B. 1041 521 Corporate Center Drive Fort Mill, SC 29707-7151 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEITMILLER, RICHARD F 1041 521 CORPORATE CENTER DRIVE FORT MILL, SC 29715	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Heitmiller, Richard 1041 521 Corporate Center Drive Fort Mill, SC 29707-7151 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Brigman, John A 1041 521 Corporate Center Drive Fort Mill, SC 29707-7151 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u>John A. Brigman</u> <u>John A. Brigman</u> <u>4-22-08</u> <u>803-835-2109</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					