2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000004469

1. Entity Name
CHEMROCK CORPORATION

Principal Place of Business	Mailing Address
225 CITY AVE., SUITE 14 BALA CYNWYD, PA 19004	225 CITY AVE., SUITE 14 BALA CYNWYD, PA 19004

DO NOT WRITE IN THIS SPACE

06192006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
62-1622370		Not Applicable

5. Certificate of Status Desired ☐   **$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 **Due by September 6, 2006**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.   OFFICERS AND DIRECTORS

TITLE	PC
NAME	PERELMAN, RAYMOND G
STREET ADDRESS	225 CITY AVENUE, SUITE 14
CITY-ST-ZIP	BALA CYNWYD, PA 19004
TITLE	V
NAME	KATZ, BARRY L
STREET ADDRESS	225 CITY AVENUE, SUITE 14
CITY-ST-ZIP	BALA CYNWYD, PA 19004
TITLE	TCEO
NAME	RUDER, BARRY
STREET ADDRESS	225 CITY AVENUE, SUITE 14
CITY-ST-ZIP	BALA CYNWYD, PA 19004
TITLE	VC
NAME	PERELMAN, RUTH
STREET ADDRESS	225 CITY AVENUE, SUITE 14
CITY-ST-ZIP	BALA CYNWYD, PA 19004
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____ B. Ruder   CFO   6/19/06   6106608825

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #