


**FILED**  
**May 21, 2007 8:00 am**  
**Secretary of State**

05-21-2007 90048 044 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

DOCUMENT # F06000003770					
1. Entity Name EPM CAROLINA CHEMICAL HOLDING CORP.					
Principal Place of Business 2020 FRONT STREET, SUITE 100 CUYAHOGA FALLS, OH 44221		Mailing Address 2020 FRONT STREET, SUITE 100 CUYAHOGA FALLS, OH 44221			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-4760793	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
Zip Code			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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		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 #1-11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T. SCOTT KING		NAME	HOLLERAN, THOMAS M	
STREET ADDRESS	5200 TOWN CENTER CIRCLE #470		STREET ADDRESS	2020 FRONT STREET, SUITE 100	
CITY-STATE-ZIP	BOCA RATON, FL 33486		CITY-STATE-ZIP	CUYAHOGA FALLS, OH 44221	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R. LYNN SKILLEN		NAME	HOLLERAN, THOMAS M	
STREET ADDRESS	5200 TOWN CENTER CIRCLE #470		STREET ADDRESS	2020 FRONT STREET, SUITE 100	
CITY-STATE-ZIP	BOCA RATON, FL 33486		CITY-STATE-ZIP	CUYAHOGA FALLS, OH 44221	
TITLE	DCEO	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLERAN, THOMAS M		NAME	HOLLERAN, THOMAS M	
STREET ADDRESS	9911 BRECKSVILLE ROAD		STREET ADDRESS	2020 FRONT STREET, SUITE 100	
CITY-STATE-ZIP	CLEVELAND, OH 44141		CITY-STATE-ZIP	CUYAHOGA FALLS, OH 44221	
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLERAN, THOMAS M		NAME	HOLLERAN, THOMAS M	
STREET ADDRESS	9911 BRECKSVILLE ROAD		STREET ADDRESS	2020 FRONT STREET, SUITE 100	
CITY-STATE-ZIP	CLEVELAND, OH 44141		CITY-STATE-ZIP	CUYAHOGA FALLS, OH 44221	
TITLE	TCFO	<input type="checkbox"/> Delete	TITLE	TCFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, CANDACE M		NAME	WAGNER, CANDACE M	
STREET ADDRESS	9911 BRECKSVILLE ROAD		STREET ADDRESS	2020 FRONT STREET, SUITE 100	
CITY-STATE-ZIP	CLEVELAND, OH 44141		CITY-STATE-ZIP	CUYAHOGA FALLS, OH 44221	
TITLE	VS	<input type="checkbox"/> Delete	TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, MICHAEL P		NAME	MOORE, MICHAEL P	
STREET ADDRESS	9911 BRECKSVILLE ROAD		STREET ADDRESS	2020 FRONT STREET, SUITE 100	
CITY-STATE-ZIP	CLEVELAND, OH 44141		CITY-STATE-ZIP	CUYAHOGA FALLS, OH 44221	
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 empowers.					
SIGNATURE: <i>Candace M Wagner</i>		5/17/07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40116707



02282007 Chg-P CR2E034 (12/06)

4. FEI Number 20-4760793 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

FL Zip Code

DATE

\$5.00 May Be Added to Fees

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition