

FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90018 011 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F06000003775			
1. Entity Name EPM KALAMA 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	
Zip	Country	Zip	Country
02282007		Chg-P CR2E034 (12/06)	
4. FEI Number 20-4761094		☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing ☐ \$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-STATE-ZIP	D KING, T. SCOTT 5200 TOWN CENTER CIRCLE STE 470 BOCA RATON, FL 33486 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SKILLEN, R. LYNN 5200 TOWN CENTER CIRCLE STE 470 BOCA RATON, FL 33486 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP HOLLERAN, THOMAS M 9911 BRECKSVILLE ROAD CLEVELAND, OH 44141 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP HOLLERAN, THOMAS M 2020 FRONT STREET, SUITE 100 CUYAHOGA FALLS, OH 44221 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CEO HOLLERAN, THOMAS M 9911 BRECKSVILLE ROAD CLEVELAND, OH 44141 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CFO HOLLERAN, THOMAS M 2020 FRONT STREET, SUITE 100 CUYAHOGA FALLS, OH 44221 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CFOT WAGNER, CANDACE M 9911 BRECKSVILLE ROAD CLEVELAND, OH 44141 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CFOT WAGNER, CANDACE M 2020 FRONT STREET, SUITE 100 CUYAHOGA FALLS, OH 44221 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VS MOORE, MICHAEL P 9911 BRECKSVILLE ROAD CLEVELAND, OH 44141 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VS MOORE, MICHAEL P 2020 FRONT STREET, SUITE 100 CUYAHOGA FALLS, OH 44221 ☒ Change ☐ 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: <i>Candace M Wagner</i>		5/17/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			