## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 28, 2008 8:00 am Secretary of State

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DOCUMENT # F070000022 1. Entity Name, SC SUNBELT CHEMICALS CORP.		283				03-28-2	008 9004	2 042 ***1	50.00	
Principal Place	of Éusiness	Mailing Address								
55 BEATTIE PLACE, SUITE 1500 GREENVILLE, SC 29601		55 BEATTIE PLACE, SUITE 1500 GREENVILLE, SC 29601						00021	83 	
	ace of Business - No P.O. Box #	3. Mailing Address								
	RGROVE GRADE	71 HARGRO	IVE GRI	40E	4 1881184 1111	881H 18811 88111 8811	( <b>68</b> 115 <b>88</b> 141 <b>88</b> 518	. (4min 31mm 1min ir		
Suite, Apt. #		Suite, Apt. #, etc.			03102008	Chg-P	CR2E	E034 (12/06)		
City & State	M COAST FL	City & State PALM COA			4. FEI Numbe 20-886				oplied For ot Applicable	
Zip 321	37 Country USA	32/37	Country USA		5. Certificate	of Status Desire	ed 🗀	\$8.75 Add		
	6. Name and Address of Current I	<del>'</del>			7. Name and	Address of Ne	w Registere	d Agent		
							-			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
PLANTAT!	ON, FL 33324									
			City				F	Zip Cod	e	
	named entity submits this statement for	r the purpose of changing its r	egistered office or	registere	ed agent, or bot	in, in the State o	of Florida. I a	m lamiliar with,	and accept	
the obligation	named entity submits this statement for ons of registered agent.	r the purpose of changing its r	registered office or	registere	ed agent, or bot	h, in the State o	of Florida. Ta	m lamiliar with,	and accept	
the obligation	ons of registered agent.					th, in the State o			and accept	
the obligation			egistered office or Registered Agent signatur			n, in the State o	of Florida. I a		and accept	
signature	ons of registered agent.	and title if applicable. (NOTE:	Registered Agent signatur	re required (		n, in the State o			and accept	
signature	ons of registered agent.  Signature, typed or printed name of registered agent.  E NOW!!! FEE IS \$150.00	9. Election Campaig Trust Fund Contri	Registered Agent signatur	re required (	when reinstating)  OO May Be and to Fees	CHANGES TO	DATE	E		
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12. I hereby certify that the information supplied with this filling 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mathew T. Schelle NATHAN T. SCHEUE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/08 3

3864464595

Daytime Phone #