2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 13, 2008 8:00 am DOCUMENT # F07000004894 **Secretary of State** 1. Entity Name 02-13-2008 90020 029 ***150.00 ATTAPULGITE MINING INC. Principal Place of Business Mailing Address % GENERAL CHEMICAL INDUSTRIAL PRODUCTS INC 248 MILWHITE ROAD 120 EAGLE ROCK AVENUE ATTAPULGUS, GA 39815 EAST HANOVER, NJ 07936 No Chg-P CR2E034 (11/05) 01082008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 26-1166274 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent INCORPORATING SERVICES, LTD, INC. DO NOT WRITE 1540 GLENWAY DRIVE TALLAHASSEE, FL 32301 IN THIS SPACE 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) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE BLOOMQUIST, DE LYLE W NAME STREET ADDRESS 120 EAGLE ROCK AVENUE CITY-ST-ZIP EAST HANOVER, NJ 07936 TITLE NAME CHOI, DONG (ALEX) K 120 EAGLE ROCK AVENUE STREET ADDRESS CITY-ST-ZIP EAST HANOVER, NJ 07936 SD TITLE ELLIS, H. SCOTT NAME STREET ADDRESS 120 EAGLE ROCK AVENUE DO NOT WRITE EAST HANOVER, NJ 07936 CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/18

FILED

973-599-550