

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003377

FILED
Mar 23, 2006
Secretary of State

Entity Name: CHEMICAL SPECIALTIES, INC.

Current Principal Place of Business:

ONE WOODLAWN GREEN, SUITE 350
CHARLOTTE, NC 28217

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1330
HARRISBURG, NC 28075 US

New Mailing Address:

FEI Number: 56-0751521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: AINS COUGH, STEPHEN B
Address: ONE WOODLAWN GREEN, SUITE 350
City-St-Zip: CHARLOTTE, NC 28217

Title: D () Delete
Name: SIEFI, GHASENMI
Address: 100 OVERLOCK CENTER
City-St-Zip: PRINCETON, NJ 08540

Title: DVS () Delete
Name: RIORDAN, THOMAS J
Address: 100 OVERLOCK CENTER
City-St-Zip: PRINCETON, NJ 08540

Title: DV () Delete
Name: MOYES, JONATHAN
Address: PHARR MILL ROAD
City-St-Zip: HARRISBURG, NC 28075

Title: V () Delete
Name: BARTOS, SYLVESTER
Address: 5910 PHARR MILL ROAD
City-St-Zip: HARRISBURG, NC 28075

Title: V () Delete
Name: PRESTON, ALAN
Address: ONE WOODLAWN GREEN, SUITE 350
City-St-Zip: CHARLOTTE, NC 28217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: MOYES, JONATHAN
Address: 5910 PHARR MILL ROAD
City-St-Zip: HARRISBURG, NC 28075

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK JONES

MGR

03/23/2006

Electronic Signature of Signing Officer or Director

Date