


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-21-2007 90059 029 \*\*\*150.00

<b>DOCUMENT # F94000003377</b>	
1. Entity Name <b>CHEMICAL SPECIALTIES, INC.</b>	

Principal Place of Business <b>ONE WOODLAWN GREEN, SUITE 350 CHARLOTTE, NC 28217</b>	Mailing Address <b>P.O. BOX 1330 HARRISBURG, NC 28075 US</b>
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2. Principal Place of Business - No P.O. Box # <b>5910 Pharr Mill Road</b>	3. Mailing Address Suite, Apt. #, etc.
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City & State <b>Harrisburg, NC</b>	City & State
Zip <b>28075</b> Country <b>US</b>	Zip Country

05142007 Chg-P CR2E034 (12/06)

4. FEI Number <b>56-0751521</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$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-ST-ZIP	DP AINSCOUGH, STEPHEN B ONE WOODLAWN GREEN, SUITE 350 CHARLOTTE, NC 28217 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vernon Sumner 11719 Bee Cove Road, Suite 103 Austin, TX 78738 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEFI, GHASENMI 100 OVERLOCK CENTER PRINCETON, NJ 08540 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS RIORDAN, THOMAS J 100 OVERLOCK CENTER PRINCETON, NJ 08540 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MOYES, JONATHAN 5910 PHARR MILL ROAD HARRISBURG, NC 28075 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARTOS, SYLVESTOR 5910 PHARR MILL ROAD HARRISBURG, NC 28075 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRESTON, ALAN ONE WOODLAWN GREEN, SUITE 350 CHARLOTTE, NC 28217 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Sylvestor Bartos**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/16/07** **764-455-4138**  
Date Daytime Phone #