

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003377

FILED
Feb 12, 2009
Secretary of State

Entity Name: CHEMICAL SPECIALTIES, INC.

Current Principal Place of Business:

5910 PHARR MILL ROAD
HARRISBURG, NC 28075

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: SUMNER, VERNON
Address: 11719 BEE COVE ROAD, SUITE 103
City-St-Zip: AUSTIN, TX 78738

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

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

I hereby certify that the information supplied with this filing does not qualify 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: SYLVESTOR BARTOS

V

02/12/2009

Electronic Signature of Signing Officer or Director

_____ Date