

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90196 023 ***550.00

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DOCUMENT # F94000003377

1. Entity Name
CHEMICAL SPECIALTIES, INC.



Principal Place of Business
**ONE WOODLAWN GREEN, SUITE 250
CHARLOTTE NC 28217**

Mailing Address
**P.O. BOX 1330
HARRISBURG NC 28075
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **56-0751521**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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 250
CHARLOTTE NC 28217** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP Sales
Thomas F. Fitzgerald
One Woodlawn Green, Suite 250
Charlotte, NC 28217** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SIEFI, GHASENMI
100 OVERLOOK CENTER
PRINCETON NJ 08540** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
C. Thom Baccich
One Woodlawn Green, Suite 250
Charlotte, NC 28217** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
RIORDAN, THOMAS J
100 OVERLOOK CENTER
PRINCETON NJ 08540** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP Business Development
David A. Fowlie
One Woodlawn Green, Suite 250
Charlotte, NC 28217** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
MOYES, JONATHAN
ONE WOODLAWN GREEN, SUITE 250
CHARLOTTE NC 28217** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
Scott Smith
100 Overlook Center
Princeton, NJ 08540** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BARTOS, SYLVESTER
5910 PHARR MILL ROAD
HARRISBURG NC 28075** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
Donna Abruzzo
100 Overlook Center
Princeton, NJ 08540** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
PRESTON, ALAN
ONE WOODLAWN GREEN, SUITE 250
CHARLOTTE NC 28217** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
Robert J. Zatta
100 Overlook Center
Princeton, NJ 08540** ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-22-03

704-455-5181

Date

Daytime Phone #

CR2E034 (4/03)