2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9400004240 1. Enlity Name TANNER CHEMICALS, INC.					Secretary of State 04-30-2003 90315 009 ***150.00		
Principal Plac P.O. BOX 196 GREENVILLE		Mailing Address P.O. BOX 1967 GREENVILLE SC 29602					
2. Principal P	Place of Business	3. Mailing Address				-	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State				4. FEI Number 02-0352196 Applied For Not Applicable	
Zip	Country	Zip	Country			5. Certificate of Status Desired	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324							
	M , I			City		FL Zip Code	
8. The above named entity submitted is 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 plane of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
						, , , , , , , , , , , , , , , , , , , ,	
TITLE	OFFICERS AND	DIRECTORS Delete	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D a Charman of Board Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP	COVALT, ROBERT 225 W. WASHINGTON CHICAGO IL 60606	/ `		ET ADDRESS ST-ZIP	2 930	orman wells of w. washington acago, IL 60606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFTS MELLETT, JOHN 225 W. WASHINGTON CHICAGO IL 60606	Delete			5126	O Change X Addition The Smith . Sw. Washington WEAGO IL 100006	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASAT PACE, LOUIS 225 W. WASHINGTON CHICAGO IL 60606	□ Delete				Change - ☐ Addition-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO LOFTUS, GERARD P.O. BOX 1967 N/A GREENVILLE SC 29602	Delete				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CATS LANGE, THOMAS 123 W. BARGLES AKRON OH 44311	Delete				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	CITY-	ET ADDRESS ST-ZIP		☐ 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 supplied ental report is the 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 in trusted 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 appears in the corporation of the							

SIGNATURE:

MUMMURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

04/25/2003 330

330-374-3117