2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 11, 2000 8:00 am Secretary of State DOCUMENT, #. F94000006615 1. Entity Name BENGAL CHEMICAL, INC. 04-11-2000 90237 039 ***150.00 Mailing Address Principal Place of Business 13739 AIRLINE HWY 13739 AIRLINE HWY BATON ROUGE LA 70817-5924 BATON ROUGE LA 70817 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 72-1276055 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name A.C.C. CO. Street Address (P.O. Box Number is Not Acceptable) 200 S. ORANGE AVE., #2300 ORLANDO FL 32801 Zip Code City 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 : Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PTD TITLE ☐ Change ☐ Addition ☐ Delete TITLE LE BLANC, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 13739 AIRLINE HWY CITY-ST-ZIP CITY-ST-ZIP **BATON ROUGE LA 70817** CDO ☐ Change ☐ Addition □ Delete TITLE TITLE GODLEY, NICHOLAS NAME NAME STREET ADDRESS STREET ADDRESS 13739 AIRLINE HWY CITY-ST-ZIP CITY-ST-ZIP **BATON ROUGE LA 70817** CFO ☐ Change **★** Addition ☐ Delete TITLE VERNON WEBB NAME NAME 13139 AIRLINE HIGHWAY STREET ADDRESS STREET ADDRESS BATON ROUGE LA 708,7 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

CITY-ST-ZIP