

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90258 039 ***150.00

DOCUMENT # F95000005056

1. Entity Name

SOUTHEASTERN CHEMICAL & SOLVENT CO.

Principal Place of Business

Mailing Address

755 INDUSTRIAL ROAD
 PO BOX 1755
 SUMTER SC 29151-1755

PO BOX K-28
 RICHMOND VA 23288

2. Principal Place of Business

755 INDUSTRIAL RD.

3. Mailing Address

320 D MIDLAND PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUMTER, SC

City & State

SUMMERVILLE, SC

4. FEI Number

57-0441524

Applied For

Not Applicable

Zip

29151-1755

Country

SUMTER

Zip

29485

Country

DORCHESTER

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

C T 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---------------------------------|
| TITLE | PCEO | <input type="checkbox"/> Delete |
| NAME | PECHOTA, GARY L | |
| STREET ADDRESS | 7311 AIRPORT ROAD | |
| CITY-ST-ZIP | BATH PA 18014-0058 | |
| TITLE | VAS | <input type="checkbox"/> Delete |
| NAME | KINDER, TERRY L | |
| STREET ADDRESS | 320D MIDLAND PARKWAY | |
| CITY-ST-ZIP | SUMMERVILLE SC 29485 | |
| TITLE | VCFO | <input type="checkbox"/> Delete |
| NAME | BRANCO, PAUL J | |
| STREET ADDRESS | 1504 SANTA ROSA ROAD, DALE BLDG., STE. 200 | |
| CITY-ST-ZIP | RICHMOND VA 23229 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | BRANCO, PAUL J | |
| STREET ADDRESS | 1504 SANTA ROSA ROAD, DALE BLDG., STE. 200 | |
| CITY-ST-ZIP | RICHMOND VA 23229 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | KERR, JOHN E | |
| STREET ADDRESS | 755 INDUSTRIAL ROAD | |
| CITY-ST-ZIP | SUMTER SC 29150 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------------|--|
| TITLE | CEO | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PECHOTA, GARY L | |
| STREET ADDRESS | 7311 AIRPORT RD | |
| CITY-ST-ZIP | BATH, PA 18014-0058 | |
| TITLE | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FAMILIA, RICHARD | |
| STREET ADDRESS | 320D MIDLAND PARKWAY | |
| CITY-ST-ZIP | SUMMERVILLE, SC 29485 | |
| TITLE | VICE PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KINDER, TERRY L. | |
| STREET ADDRESS | 320 D MIDLAND PKWY | |
| CITY-ST-ZIP | SUMMERVILLE, SC 29485 | |
| TITLE | VICE PRESIDENT, CFO & TREASURER | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DINIACO, STEVEN M. | |
| STREET ADDRESS | 320 D MIDLAND PKWY | |
| CITY-ST-ZIP | SUMMERVILLE, SC 29485 | |
| TITLE | SECRETARY | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CULBERT, ANDREW C. | |
| STREET ADDRESS | 320 D MIDLAND PKWY | |
| CITY-ST-ZIP | SUMMERVILLE, SC. 29485 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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.

SIGNATURE:

Steven M. Diniaco, VP & CFO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01
 Date

843-851-9898
 Daytime Phone #

CR2E034 (10/00)