

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000000240**

1. Entity Name

UCB CHEMICALS CORPORATION**FILED**
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90099 044 ***150.00

Principal Place of Business

Mailing Address

**** LAKE PARK DRIVE
***** GA 300802000 LAKE PARK DRIVE
SMYRNA GA 30080-7611

L0075657



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **63-0782796**

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

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. (See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	KEMMERER, RICH	2000 LAKE PARK DR	SMYRNA GA 30080	<input type="checkbox"/>
T	DONCK, JEAN-CHRITOPHE	2000 LAKE PARK DR	SMYRNA GA 30080	<input type="checkbox"/>
S	GAYNOR JR, J M	1950 LAKE PARK DRIVE	SMYRNA GA	<input type="checkbox"/>
V	O'BRIEN, MIKE	2000 LAKE PARK DR	SMYRNA GA 30080	<input type="checkbox"/>
V	BAYER, WILLIAM	2000 LAKE PARK DRIVE	SMYRNA GA	<input type="checkbox"/>
V	COOLS, PABLO	2000 LAKE PARK DRIVE	SMYRNA GA	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/12/00

Date

Daytime Phone #

CR2E034 (9/99)