DII DD

Apr 19, 2000 8:00 am Secretary of State
04-19-2000 90084 042 ***150.00

CHEMTECH PRODUCTS, INC. Principal Place of Business Mailing Address 1630 DES PERES RD., #210 1630 DES PERES RD., #210 ST. LOUIS MO 63131-1800 ST. LOUIS MO 63131 639561 3. Mailing Address 120 S. Central 2. Principal Place of Business 120 S. Central Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE _-Suite_750--Suite=750- --City & State City & State 4. FEI Number Applied For 43-1625726 Not Applicable St. Louis, MO St. Louis. Country Country \$8.75 Additional 5. Certificate of Status Desired 63105 USA 63105 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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, 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-Tax filing requirement and elects to do so: After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PD Addition Change TITLE Delete TITLE President-Director BRASSER, WAYNE E NAME William E. Cooper 2309 BARNBRIDGE RD. STREET ADDRESS STREET ADDRESS 120 S. Central, Suite 750 Clayton, MO 63105 CITY-ST-ZIP ST. LOUIS MO 63131 CITY-ST-ZIP X Delete TITLE Vice President/Secretary, Director TITLE LOONEY, MARK E NAME NAME Cynthia N. Bitting 921 OAKWOOD FARMS LANE STREET ADDRESS STREET ADDRESS -120 S. Central, Suite 750 CITY-ST-ZIP CITY-ST-ZIP BALLWIN MO 63021 Clayton, MO 63105-☐ Change Addition TITLE ☐ Delete TITLE COOPER, WILLIAM E NAME NAME 450 S WARSON STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST LOUIS MO 63124 CITY-ST-ZIP ☐ Change CFO X Delete TITLE ☐ Addition RUST, KEVIN E 📑 NAME 11 SQUIRE DR STREET AODRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **GLEN CARBON IL 62034** ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE Tr. S. T. 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:

CITY-ST-ZIE

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F97000006437**

1. Entity Name