

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F98000002326

1. Entity Name
SPECIALTY MINERALS INC.



Principal Place of Business
**375 MUSCOGEE RD.
CANTONMENT, FL 32533**

Mailing Address
**405 LEXINGTON AVENUE
20TH FLOOR
NEW YORK, NY 10174 US**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3678712	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MASSIMINE, KENNETH L
STREET ADDRESS	405 LEXINGTON AVE
CITY-ST-ZIP	NEW YORK, NY 101741901

TITLE	D
NAME	FORREST, KIRK
STREET ADDRESS	405 LEXINGTON AVE.
CITY-ST-ZIP	NEW YORK, NY 101741901

TITLE	DP
NAME	SAUERACKER, PAUL R
STREET ADDRESS	405 LEXINGTON AVE.
CITY-ST-ZIP	NEW YORK, NY 101741901

TITLE	TVPF
NAME	SOREL, JOHN A
STREET ADDRESS	405 LEXINGTON AVE
CITY-ST-ZIP	NEW YORK, NY 101741901

TITLE	VPT
NAME	WILLIAM, KROMBERG
STREET ADDRESS	405 LEXINGTON AVENUE
CITY-ST-ZIP	NEW YORK, NY 101741901

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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03/03/06-80052-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 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

William A. Kromberg - V.P. Tax

Date

(212) 878-1843

Daytime Phone #