2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000006205

1. Entity Name
KAY CHEMICAL COMPANY

Principal Place of Business
8300 CAPITAL DRIVE
GREENSBORO, NC 27409

Mailing Address
370 WABASHA ST. N.
TAX DEPT
SAINT PAUL, MN 55102 US

DO NOT WRITE IN THIS SPACE

04212005 No Chg-P CR2E034 (10/03)

4. FEI Number
56-0791582

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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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 _____ 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
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	MOSH, STEVE
STREET ADDRESS	370 WABASHA ST N.
CITY-ST-ZIP	SAINT PAUL, MN 55102
TITLE	ASD
NAME	BELL, LAWRENCE T
STREET ADDRESS	370 WABASHA ST., N.
CITY-ST-ZIP	ST PAUL, MN
TITLE	V
NAME	FORSYTHE, JOHN G
STREET ADDRESS	370 WABASHA ST., N.
CITY-ST-ZIP	ST PAUL, MN
TITLE	VPT
NAME	VANGSGARD, MARK D
STREET ADDRESS	370 WABASHA ST., N.
CITY-ST-ZIP	SAINT PAUL, MN 55102
TITLE	V
NAME	HARRIS, GEORGE
STREET ADDRESS	8300 CAPITAL DRIVE
CITY-ST-ZIP	GREENSBORO, NC
TITLE	S
NAME	DORDELL, TIMOTHY
STREET ADDRESS	370 WABASHA ST N
CITY-ST-ZIP	SAINT PAUL, MN 55102

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04/29/05-80058-011 150.00

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12. 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 info 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SR VP. TAX 4-21-05 651-293
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #