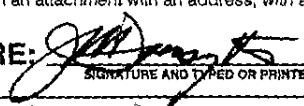


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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		
5. 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 _____ 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	
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 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 is changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		SR.VP. TAX 4-21-05 651-2931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



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

U000000342492
04/29/05-80058-011 150.00

**DO NOT WRITE
IN THIS SPACE**