

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90210 011 ***150.00

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**

40001000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192006 Chg-P CR2E034 (11/05)

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ASST Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUCE, Kofi	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

John H. Jorgensen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-06 651-2934053