

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90019 027 ***150.00

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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



03252008 No 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

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
MOSH, STEVE
370 WABASHA ST N.
SAINT PAUL, MN 55102**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ASD
BELL, LAWRENCE T
370 WABASHA ST., N.
ST PAUL, MN**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
JOHNSON, PATRICIA
370 WABASHA ST., N.
ST PAUL, MN**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
CORKREAN, JOHN
370 WABASHA ST., N.
SAINT PAUL, MN 55102**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
HARRIS, GEORGE
8300 CAPITAL DRIVE
GREENSBORO, NC**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
David DeVick
370 WABASHA ST N
SAINT PAUL, MN 55102**

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

Patricia Johnson 3-25-08 651-293-4053