

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # H42128**

1. Entity Name  
 MICRONIZED FLUOROPOLYMER PRODUCTS, INC.



Principal Place of Business  
 1055 SOUTHWEST 15TH AVENUE  
 DELRAY BEACH, FL 33444-1263

Mailing Address  
 1055 SOUTHWEST 15TH AVENUE  
 DELRAY BEACH, FL 33444-1263



01132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 59-2488926 Applied For: Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

REICHENBACHER, DIETMAR, R  
 1488 BREAKERS W BLVD  
 WEST PALM BEACH, FL 33411

**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, 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          | PD                        |
| NAME           | RILEY, STEPHEN D.         |
| STREET ADDRESS | 140 MOURNING DOVE DR      |
| CITY-ST-ZIP    | SAUNDERSTOWN, RI          |
| TITLE          | VD                        |
| NAME           | REICHENBACHER, DIETMAR    |
| STREET ADDRESS | 1448 BREAKERS W BLVD      |
| CITY-ST-ZIP    | WEST PALM BEACH, FL 33411 |
| TITLE          | SD                        |
| NAME           | VACCARO, ELAINE           |
| STREET ADDRESS | 237 RARITAN ST            |
| CITY-ST-ZIP    | SOUTH AMBOY, NJ           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |

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 02/03/05-80026-022 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Dietmar Reichenbacher*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/05

561 265 1800

Date

Daytime Phone #