


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000038838		
1. Entity Name BASE CHEMICAL U.S., LLC		

FILED

04 MAY 10 PM 12:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 1601 MCCLOSKEY BLVD., HOOKERS POINT TAMPA, FL 33605	Mailing Address 1601 MCCLOSKEY BLVD., HOOKERS POINT TAMPA, FL 33605
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04272004 Chg-LLC CR2E083 (10/03)

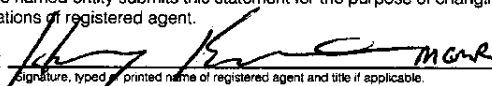
4. FEI Number  
56-2412536

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CFRA, LLC ONE HARBOUR PLACE 777 S. HARBOUR ISLAND BLVD., STE. 500 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name: HARRY J. BARKETT Street Address (P.O. Box Number is Not Acceptable) 1601 MCCLOSKEY BLVD. City: TAMPA FL Zip Code: 33605	
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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  HARRY J. BARKETT 04/26/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  HARRY J. BARKETT 4/26/04 813 248-1988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #