

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M23833

FILED  
Apr 05, 2010  
Secretary of State

Entity Name: HENCEL CORPORATION

**Current Principal Place of Business:**

550 BILTMORE WAY  
200  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

550 BILTMORE WAY  
200  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number: 59-2603743      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CMS INTERNATIONAL ENTERPRISES, INC  
550 BILTMORE WAY  
200  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CHAR, AIDA  
Address: 13711 NW 13TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: P  
Name: CHAR, HENRY JR.  
Address: 13711 NW 13TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: T  
Name: CHAR, OMAR  
Address: 13711 NW 13TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: D  
Name: CHAR, MUNIR  
Address: 13711 NW 13TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: VP  
Name: CHAR, MIRIAM  
Address: 13711 NW 13TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33028 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MUNIR CHAR

D

04/05/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date