

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P00000012951</b> 1. Entity Name <b>CHAMPON MILLENNIUM CHEMICALS, INC.</b>						<b>FILED</b> <b>08 MAY 14 AM 6:57</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <del>11089 NEWOOD DRIVE</del> <b>MANASSAS, VA 20111</b>				Mailing Address <del>11089 NEWOOD DRIVE</del> <b>MANASSAS, VA 20111</b>			
2. Principal Place of Business - No P.O. Box # <b>501 SLATERS LANE</b>		3. Mailing Address <b>501 SLATERS LANE</b>		 <b>REINSTATEMENT 07-08</b> <small>CR2E098 (1/07)</small>			
Suite, Apt. #, etc. <b>1208</b>		Suite, Apt. #, etc. <b>1208</b>					
City & State <b>ALEXANDRIA, VA</b>		City & State <b>ALEXANDRIA, VA</b>					
Zip <b>22314</b>		Zip <b>22314</b>					
Country <b>U.S.</b>		Country <b>U.S.</b>		4. FEI Number <b>59-3624860</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				6. Name and Address of Current Registered Agent <b>BUCHER, RON</b> <b>22400 SEA BASS DR.</b> <b>BOCA RATON, FL 33428</b>			
7. Name and Address of New Registered Agent Name <b>BDB Agent Co.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5355 Town Center Road</b> <b>Suite 900</b> City <b>Boca Raton</b>				FL Zip Code <b>33486</b>			
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  <small>Signature typed or printed name of registered agent and title if applicable</small>				<b>Jeffrey D. Weinstock, Asst. Secretary</b> <b>May 1, 2008</b> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$900.00</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>CHAMPON, LOUIS</b> STREET ADDRESS <del>11089 NEWOOD DR</del> CITY-ST-ZIP <b>MANASSAS, VA 20111</b>				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME <b>501 SLATERS LANE, #1208</b> STREET ADDRESS CITY-ST-ZIP <b>ALEXANDRIA, VA 22314</b>			
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>MARTINEZ, JOHN</b> STREET ADDRESS <b>339 14TH ST.</b> CITY-ST-ZIP <b>CARLSTADT, NJ 07072</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS <b>500128940455</b> CITY-ST-ZIP <b>05/02/08--01043--010 **900.00</b>			
TITLE <b>D</b> <input checked="" type="checkbox"/> Delete NAME <b>JOHN, HADLEY</b> STREET ADDRESS <b>12220 SW GRANT AVENUE</b> CITY-ST-ZIP <b>TIGARD, OR 97223</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TITLE <b>D</b> NAME <b>JONATHAN SLEVIN</b> STREET ADDRESS <b>501 SLATERS LANE #1208</b> CITY-ST-ZIP <b>ALEXANDRIA, VA 22314</b>			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>JOHN MARTINEZ</b> <b>4-9-08</b> <b>201 460-3636</b> <small>Date Daytime Phone #</small>			