

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000012951

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** CHAMPON MILLENNIUM CHEMICALS, INC.

**Current Principal Place of Business:**

501 SLATERS LANE  
1208  
ALEXANDRIA, VA 22314

**New Principal Place of Business:**

**Current Mailing Address:**

501 SLATERS LANE  
1208  
ALEXANDRIA, VA 22314

**New Mailing Address:**

**FEI Number:** 59-3624860

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BDB AGENT CO.  
5355 TOWN CENTER ROAD  
SUITE 900  
BOCA RATON, FL 33486 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: P ( ) Delete  
Name: CHAMPON, LOUIS  
Address: 501 SLATERS LANE #1208  
City-St-Zip: ALEXANDRIA, VA 22314

Title: D ( ) Delete  
Name: MARTINEZ, JOHN  
Address: 339 14TH ST.  
City-St-Zip: CARLSTADT, NJ 07072

Title: D ( ) Delete  
Name: SLEVIN, JONATHAN  
Address: 501 SLATERS LANE #1208  
City-St-Zip: ALEXANDRIA, VA 22314

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

**SIGNATURE:** JONATHAN SLEVIN

MR.

04/30/2009

Electronic Signature of Signing Officer or Director

Date