


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90019 034 ****61.25

DOCUMENT # P05537 1. Entity Name AMERICAN NATURAL SODA ASH CORP.					
Principal Place of Business 15 RIVERSIDE AVENUE WESTPORT CT 06880 US		Mailing Address 15 RIVERSIDE AVENUE WESTPORT CT 06880 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 06-1073279 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				MOORE CR2E037 (11/03)	
6. Name and Address of Current Registered Agent KAMBERGER, MARKUS 121 ALHAMBRA PLAZA SUITE 1120 CORAL GABLES FL 33138			7. Name and Address of New Registered Agent Name GONZALEZ, ONDINA Street Address (P.O. Box Number is Not Acceptable) 121 ALHAMBRA PLAZA SUITE 1120 City CORAL GABLES FL Zip Code 33134		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE <i>Ondina Gonzalez</i> <small>Signature, typed or printed name of registered agent and file if applicable</small> </div> <div style="width: 30%;"> <i>Ondina Gonzalez</i> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%;"> 3/1/04. <small>DATE</small> </div> </div>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDREWS, JOHN M <input type="checkbox"/> Delete 2 SIMMONS LANE GREENWICH CT	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FRASER, CHRISTOPHER T. TWO CORPORATE DRIVE, P.O. Box 902 SHELTON, CT 06484		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO <input type="checkbox"/> Delete DULLINGER, THOMAS G 12 AVALON WAY SANDY HOOK CT 06482	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS <input checked="" type="checkbox"/> Delete GARDNER, DOUGLAS D. 38 HILLS POINT ROAD TRUMBULL CT	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DEVILLE, CHRISTOPHER 90 EAST HALSEY ROAD PARSIPPANY NJ 07054	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FRASER, CHRISTOPHER T. 28 COUNTRY CLUB LANE EASTON CT 06612	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BREUNIG, WILLIAM L 1735 MARKET STREET PHILADELPHIA PA 19103	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 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 617, 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: <i>Thomas G Dullinger</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		THOMAS G DULLINGER 2/25/04 <small>Date Daytime Phone #</small>			