

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05537

FILED  
Apr 13, 2006  
Secretary of State

Entity Name: AMERICAN NATURAL SODA ASH CORP.

## Current Principal Place of Business:

15 RIVERSIDE AVENUE  
WESTPORT, CT 06880 US

## New Principal Place of Business:

## Current Mailing Address:

15 RIVERSIDE AVENUE  
WESTPORT, CT 06880 US

## New Mailing Address:

FEI Number: 06-1073279

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GONZALEZ, ONDINA  
121 ALHAMBRA PLAZA  
SUITE 1120  
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

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ANDREWS, JOHN M  
Address: 2 SIMMONS LANE  
City-St-Zip: GREENWICH, CT

Title: CFO ( ) Delete  
Name: DULLINGER, THOMAS G  
Address: 12 AVALON WAY  
City-St-Zip: SANDY HOOK, CT 06482

Title: D ( ) Delete  
Name: FRASER, CHRISTOPHER T  
Address: TWO CORPORATE DRIVE, PO BOX 902  
City-St-Zip: SHELTON, CT 06484

Title: D ( ) Delete  
Name: DEVILLE, CHRISTOPHER  
Address: 120 EAGLE ROCK AVE 3RD FL  
City-St-Zip: EAST HANOVER, NJ 07936

Title: D ( ) Delete  
Name: BREUNIG, WILLIAM L  
Address: 1735 MARKET STREET  
City-St-Zip: PHILADELPHIA, PA 19103

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: FRASER, CHRISTOPHER T  
Address: TWO CORPORATE DRIVE, SUITE 440  
City-St-Zip: SHELTON, CT 06484

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS DULLINGER

CFO

04/13/2006

Electronic Signature of Signing Officer or Director

Date