


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 08:00 A
Secretary of State

DOCUMENT # P05537 1. Entity Name AMERICAN NATURAL SODA ASH CORP.	
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Principal Place of Business 15 RIVERSIDE AVENUE WESTPORT, CT 06880 US	Mailing Address 15 RIVERSIDE AVENUE WESTPORT, CT 06880 US
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DO NOT WRITE IN THIS SPACE



02272008 No Chg-NP CR2E037 (4/06)

4. FEI Number 06-1073279	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GONZALEZ, ONDINA
121 ALHAMBRA PLAZA
SUITE 1120
CORAL GABLES, FL 33134

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000854539 03/27/08-80011-024 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDREWS, JOHN M 2 SIMMONS LANE GREENWICH, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO DULLINGER, THOMAS G 12 AVALON WAY SANDY HOOK, CT 06482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUVILLE, CHRISTOPHER 120 EAGLE ROCK AVE 3RD FLOOR EAST HANOVER, NJ 07936
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREUNIG, WILLIAM L 1735 MARKET STREET PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my address, with an officer like empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date _____ Daytime Phone # _____