FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 25 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P09946 (5)

1. Corporation Name
LAROCHE INDUSTRIES INC.

Principal Place of Business	Mailing Address
1100 JOHNSON FERRY RD. NE ATLANTA GA 30342	1100 JOHNSON FERRY RD. NE ATLANTA GA 30342

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/29/1986
3a. Date of Last Report: 03/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 13-3341472 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) / County (25) / Zip (29) / County (30)
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	REED, GRANT O	12 NAME	
STREET ADDRESS	860 CLUB CHASE LANE	13 STREET ADDRESS	
CITY-ST-ZIP	ROSWELL GA	14 CITY-ST-ZIP	
TITLE	CEO	21 TITLE	☐ Change ☐ Addition
NAME	HENDERSON, C. M.	22 NAME	
STREET ADDRESS	6185 RIVERWOOD DR, NW	23 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	24 CITY-ST-ZIP	
TITLE	VST	31 TITLE	☐ Change ☐ Addition
NAME	PRINZO, F. J.	32 NAME	
STREET ADDRESS	5401 REDFIELD DR	33 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	34 CITY-ST-ZIP	
TITLE	VAS	41 TITLE	☐ Change ☐ Addition
NAME	LINDER, HARVEY R.	42 NAME	
STREET ADDRESS	235 WOODRILL WAY	43 STREET ADDRESS	
CITY-ST-ZIP	DUNWOODY GA	44 CITY-ST-ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	CORDARO, RALPH C.	52 NAME	
STREET ADDRESS	2714 EAGLE RIDGE ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA	54 CITY-ST-ZIP	
TITLE	AS	61 TITLE	☐ Change ☐ Addition
NAME	FARMER, QUENTIN B	62 NAME	
STREET ADDRESS	5130 HOLLY SPRINGS DR	63 STREET ADDRESS	
CITY-ST-ZIP	DOUGLASVILLE GA	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: x Quentin B. Farmer, Jr. Asst Secretary 4/20/95 (404) 851-0347
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Daytime Phone #

Quentin B. Farmer, Jr. Asst Secretary

0388401 FP