

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90006 012 ***150.00

DOCUMENT # P09946

1. Entity Name

LAROCHE INDUSTRIES INC.

Principal Place of Business

**1100 JOHNSON FERRY RD. NE.
 ATLANTA GA 30342**

Mailing Address

**1100 JOHNSON FERRY RD. NE
 ATLANTA GA 30342**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3341472

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCEO	<input checked="" type="checkbox"/> Delete
NAME	INGALLS, HAROLD W	
STREET ADDRESS	1012 CHERBURY LN	
CITY-ST-ZIP	ALPHARETTA GA 30202	
TITLE	VTCF	<input type="checkbox"/> Delete
NAME	CURRAN, GERALD B	
STREET ADDRESS	18 MOUNT VERNON CIRCLE	
CITY-ST-ZIP	DUNWOODY GA 30338	
TITLE	VGCS	<input checked="" type="checkbox"/> Delete
NAME	LAPINE, JAY M	
STREET ADDRESS	7010 CRESTWOOD TRAIL	
CITY-ST-ZIP	ALPHARETTA GA 30005	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Joseph M. Altman	
STREET ADDRESS	130 TUTTLE ROAD	
CITY-ST-ZIP	MANOR, New York 10510	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michel Rapoport	
STREET ADDRESS	5089 Kestral Parkway South	
CITY-ST-ZIP	Sarasota, Florida 34231	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH M. ALTMAN	
STREET ADDRESS	130 TUTTLE ROAD	
CITY-ST-ZIP	MANOR, New York 10510	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter J. Deutch	
STREET ADDRESS	ONE Cambridge place	
CITY-ST-ZIP	Glen Rock, NJ 07452	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES L. MEARS	
STREET ADDRESS	5627 MIRAMAR	
CITY-ST-ZIP	FRISCO, TEXAS 75034	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)