


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**


02-10-2004 90004 030 \*\*\*150.00

<b>DOCUMENT # P09946</b> 1. Entity Name * <b>LAROCHE INDUSTRIES INC.</b>	
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Principal Place of Business <b>1100 JOHNSON FERRY RD, NE ATLANTA GA 30342</b>	Mailing Address <b>1100 JOHNSON FERRY RD, NE ATLANTA GA 30342</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**34004661**



**MOORE CR2E034 (11/03)**

4. FEI Number <b>13-3341472</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	<b>RAPOPORT, MICHEL</b>
STREET ADDRESS	<b>5089 KESTRAL PARKWAY SOUTH</b>
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>
TITLE	S <input type="checkbox"/> Delete
NAME	<b>ALTENBACH, JAMES S</b>
STREET ADDRESS	<b>512 RESTON MILL LANE</b>
CITY-ST-ZIP	<b>MARIETTA GA 30067</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>FURTH, PETEA SCHWEIN</b>
STREET ADDRESS	<b>40 INDIAN HEAD ROAD</b>
CITY-ST-ZIP	<b>RIVERSIDE CT 06878</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>HOUGLT, PAUL H</b>
STREET ADDRESS	<b>9728 E. ROADRUNNER DR.</b>
CITY-ST-ZIP	<b>SCOTTSDALE AZ 85262</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>HELLER, LAWRENCE A</b>
STREET ADDRESS	<b>6 EAST 45TH ST., STE 895</b>
CITY-ST-ZIP	<b>NEW YORK NY 10017</b>
TITLE	AVP <input type="checkbox"/> Delete
NAME	<b>SHERMAN, STEVE</b>
STREET ADDRESS	<b>3415 GROVE PARK DR.</b>
CITY-ST-ZIP	<b>DULUTH GA 30096</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	<b>PETER SCHWEINFURTH</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAUL H. HOUGH</b>
STREET ADDRESS	
CITY-ST-ZIP	
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	

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 607, 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:**  **1/27/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #