

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90044 037 \*\*\*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**

**30012010**



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 -

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **RAPOPORT, MICHEL**  
STREET ADDRESS **5089 KESTRAL PARKWAY SOUTH**  
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **VTFC** ☐ Delete  
NAME **CURRAN, GERALD B**  
STREET ADDRESS **18 MOUNT VERNON CIRCLE**  
CITY-ST-ZIP **DUNWOODY GA 30338**

TITLE **D** ☐ Delete  
NAME **AK'EARN, JOSEPH M**  
STREET ADDRESS **130 TUTTLE ROAD**  
CITY-ST-ZIP **MANOR NY 10510**

TITLE **D** ☐ Delete  
NAME **DEUTCH, PETER J**  
STREET ADDRESS **ONE CAMBRIDGE PLACE**  
CITY-ST-ZIP **GLEN ROCK NJ 07452**

TITLE **D** ☐ Delete  
NAME **MEARS, CHARLES L**  
STREET ADDRESS **5627 MIRAMAR**  
CITY-ST-ZIP **FRISCO TX 75034**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SECRETARY** ☐ Change ☒ Addition  
NAME **JAMES S. ALTENBACH**  
STREET ADDRESS **512 RESTON MILL LANE**  
CITY-ST-ZIP **MARIETTA, GA 30067**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **PETER SCHWEIN FURTH**  
STREET ADDRESS **40 INDIAN HEAD ROAD**  
CITY-ST-ZIP **RIVERSIDE, CT 06875**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **PAUL H. HOUGHT**  
STREET ADDRESS **9728 E. ROADRUNNER DRIVE**  
CITY-ST-ZIP **SCOTTSDALE, ARIZONA 85262**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **LAWRENCE A. HELLER**  
STREET ADDRESS **6 EAST 45TH ST, SUITE 895**  
CITY-ST-ZIP **NEW YORK, NY 10017**

TITLE **ASST VP** ☐ Change ☒ Addition  
NAME **STEVE SHERMAN**  
STREET ADDRESS **3415 GROVE PARK DRIVE**  
CITY-ST-ZIP **DULUTH, GA 30096**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **MICHEL RAPPOPORT**  
STREET ADDRESS **5089 KESTRAL PKWY S**  
CITY-ST-ZIP **SARASOTA, FLORIDA 34231**

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:

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

Date

Daytime Phone #

CR2E034 (10/02)