

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P12467

1. Entity Name

MILLENNIUM SPECIALTY CHEMICALS INC.

**FILED**  
**Feb 10, 2000 8:00 am**  
**Secretary of State**

02-10-2000 90036 035 \*\*\*150.00

Principal Place of Business

Mailing Address

FOOT OF W. 61ST STREET  
P.O. BOX 389  
JACKSONVILLE FL 32201

FOOT OF W. 61ST STREET  
P.O. BOX 389  
JACKSONVILLE FL 32201-0389

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0286861

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2000 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 ☐ Delete  
NAME **P**  
STREET ADDRESS **ROBBINS, GEORGE W.**  
CITY-ST-ZIP **P.O. BOX 389,NA  
JACKSONVILLE FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **VS**  
STREET ADDRESS **FRIEDMAN, SAMUEL**  
CITY-ST-ZIP **7 ST. PAUL STREET  
BALTIMORE MD**

TITLE ☐ Change ☒ Addition  
NAME **Secretary**  
STREET ADDRESS **Breslow, Stuart G.**  
CITY-ST-ZIP **200 International Circle Suite 500  
Hunt Valley, MD 21030**

TITLE ☒ Delete  
NAME **T**  
STREET ADDRESS **LEE, ROBERT E.**  
CITY-ST-ZIP **13 ELLWOOD ROAD  
E. BRUNSWICK NJ**

TITLE ☐ Change ☒ Addition  
NAME **Controller and Assistant Secretary**  
STREET ADDRESS **William F. Dias**  
CITY-ST-ZIP **601 Crestwood Street  
Jacksonville, FL 32208-4476**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **HEMPSTEAD, GEORGE H. III**  
CITY-ST-ZIP **200 INTERNATIONAL CIRCLE STE 5000  
HUNT VALLEY MD 21030**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **230 Half Mile Road**  
CITY-ST-ZIP **Red Bank, New Jersey 07701**

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **HEIJMANS, JOHN M**  
CITY-ST-ZIP **8182 PINE LAKE RD  
JACKSONVILLE FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*W.F. Dias*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

W.F. Dias, Controller