

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90102 016 ***150.00

DOCUMENT # P12467

1. Entity Name

MILLENNIUM SPECIALTY CHEMICALS INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

601 Crestwood Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

4. FEI Number

51-0286861

Applied For

Not Applicable

Zip

32208

Country

US

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324****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.

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**TITLE **P** ☒ Delete
NAME **ROBBINS, GEORGE W.**
STREET ADDRESS **P.O. BOX 389,NA**
CITY-ST-ZIP **JACKSONVILLE FL**TITLE **S** ☐ Delete
NAME **BRESLOW, STUART G**
STREET ADDRESS **200 INTERNATIONAL CIRCLE SUITE 500**
CITY-ST-ZIP **HUNT VALLEY MD 21030**TITLE **CAS** ☐ Delete
NAME **DIAS, WILLIAMF**
STREET ADDRESS **601 CRESTWOOD STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32208**TITLE **D** ☒ Delete
NAME **HEMPSTEAD, GEORGE H. III**
STREET ADDRESS **230 HALF MILE ROAD**
CITY-ST-ZIP **RED BANK NJ 07701**TITLE **V** ☒ Delete
NAME **HEIJMANS, JOHN M**
STREET ADDRESS **8182 PINE LAKE RD**
CITY-ST-ZIP **JACKSONVILLE FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **VP** ☐ Change ☒ Addition
NAME **Wimberly, Michael B.**
STREET ADDRESS **601 Crestwood Street**
CITY-ST-ZIP **Jacksonville, Florida 32208**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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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:**William F. Dias**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**William F. Dias****02/05/02****904-924-2866**

Date

Daytime Phone #

CR2E034 (9/01)