

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 601 Crestwood Street	3. Mailing Address Suite, Apt. #, etc.
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City & State
Jacksonville, Florida

City & State

4. FEI Number **51-0286861**

Applied For
 Not Applicable

Zip 32208	Country US	Zip	Country
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 P	<input checked="" type="checkbox"/> Delete	TITLE S	<input type="checkbox"/> Delete
NAME ROBBINS, GEORGE W.		NAME BRESLOW, STUART G	
STREET ADDRESS P.O. BOX 389, NA		STREET ADDRESS 200 INTERNATIONAL CIRCLE SUITE 500	
CITY-ST-ZIP JACKSONVILLE FL		CITY-ST-ZIP HUNT VALLEY MD 21030	
TITLE CAS	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Delete
NAME DIAS, WILLIAM F		NAME HEMPSTEAD, GEORGE H. III	
STREET ADDRESS 601 CRESTWOOD STREET		STREET ADDRESS 230 HALF MILE ROAD	
CITY-ST-ZIP JACKSONVILLE FL 32208		CITY-ST-ZIP RED BANK NJ 07701	
TITLE V	<input checked="" type="checkbox"/> Delete	TITLE V	<input type="checkbox"/> Delete
NAME HEIJMANS, JOHN M		NAME HEIJMANS, JOHN M	
STREET ADDRESS 8182 PINE LAKE RD		STREET ADDRESS 8182 PINE LAKE RD	
CITY-ST-ZIP JACKSONVILLE FL		CITY-ST-ZIP JACKSONVILLE FL	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Delete
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Wimberly, Michael B.	
STREET ADDRESS 601 Crestwood Street	
CITY-ST-ZIP Jacksonville, Florida 32208	
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	<input type="checkbox"/> Change <input type="checkbox"/> 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:

William F. Dias

William F. Dias

02/05/02

904-924-2866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)