

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P12707

1. Entity Name

SUN CHEMICAL CORPORATION

Principal Place of Business

222 BRIDGE PLAZA SOUTH
FT. LEE NJ 07024

Mailing Address

222 BRIDGE PLAZA SOUTH
FT. LEE NJ 07024

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 22-2761297

Applied For

Not Applicable

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, 2001 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 HENRI DYNER
CITY-ST-ZIP 232 TRUMAN DR
CRESSKILL NJ 07626

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

TITLE ☐ Delete
NAME VPD
STREET ADDRESS VIGNOLD, BIAGIO N
CITY-ST-ZIP 1 OLD CHESTNUT RIDGE RD
MONTVALE NJ 07645

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

TITLE ☐ Delete
NAME S
STREET ADDRESS COX, MELVIN M
CITY-ST-ZIP 268 RIVER RD
EDGEWATER NJ 07020

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

TITLE ☐ Delete
NAME T
STREET ADDRESS WILLIAMSON, ROGER E
CITY-ST-ZIP 36 BIRCH TERRACE
MOUNT ARLINGTON NJ 07856

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

TITLE ☐ Delete
NAME D
STREET ADDRESS TAKAHASKI, TAKEMITSU
CITY-ST-ZIP 222 BRIDGE PLAZA SOUTH
FORT LEE NJ 07024

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

TITLE ☒ Delete
NAME VP
STREET ADDRESS GABRIEL, JEFFERY M
CITY-ST-ZIP BROOK LANE
TOTOWA NJ 07512

TITLE ☐ Change ☒ Addition
NAME VP
STREET ADDRESS EDWARD LOVAS
CITY-ST-ZIP 81 Columbus Ave.
Totowa, NJ 07512

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:

EDWARD LOVAS

1/15/01 201-224-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)