

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90021 034 ***150.00

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**

DO NOT WRITE IN THIS SPACE

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 ☐ Delete
NAME **P. HENRI DYNER**
STREET ADDRESS **232 TRUMAN DR**
CITY-ST-ZIP **CRESSKILL NJ 07626**

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **C Henri Dyner**
STREET ADDRESS **232 Truman Drive**
CITY-ST-ZIP **Cresskill, NJ 07626**

TITLE ☒ Change ☒ Addition
NAME **P Wes Lucas**
STREET ADDRESS **28 Lake Drive**
CITY-ST-ZIP **Mountain Lakes, NJ 07046**

TITLE ☐ Change ☒ Addition
NAME **VP Edward Lovas**
STREET ADDRESS **81 Columbus Avenue**
CITY-ST-ZIP **Totowa, NJ 07512**

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

TITLE ☐ Change ☐ Addition
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:

EDWARD LOVAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02 201-224-4600
Date Daytime Phone #

CR2E034 (9/01)