

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90156 020 ***150.00

DOCUMENT # P23534

1. Entity Name
FINNCHEM USA INC.



Principal Place of Business
6860 PHILLIPS INDUSTRIAL BLVD
JACKSONVILLE FL 32256
US

Mailing Address
6860 PHILLIPS INDUSTRIAL BLVD
JACKSONVILLE FL 32256
US

2. Principal Place of Business

3. Mailing Address

4815 Executive Parkway
Suite 210

4815 Executive Parkway
Suite 210

City & State
Jacksonville, FL 32216
Zip
32216-6065
Country

City & State
Jacksonville, FL
Zip
32216-6065
Country

4. FEI Number
56-0852992

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **Signature, typed or printed name of registered agent and title if applicable.**

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DC	SMITH, STEVE	PL 7	AETSA, FINLAND FIN 32741	<input checked="" type="checkbox"/>
VD	MAKI-KALA, JYRKI	PL 7	AETSA, FINLAND FIN 32741	<input checked="" type="checkbox"/> No change
V	AIZCORBE, RAUL C	2105 RHODES AVE	WILMINGTON NC 28405	<input type="checkbox"/>
VS	ECKLOF, A. R.	444 BRIDGEVIEW TERRACE	JACKSONVILLE FL 32259	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
VD		58 Old Spring Rd	Columbia, SC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
VS	Wilson, Roger A.	315 Idle Lake Ct	Sumter, SC 29150	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

1/19/03 **803-353-8787**
Date **Daytime Phone #**

CR2E034 (10/02)