

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P30030

(1)

1. Corporation Name

MALLINCKROOT CHEMICAL, INC.



Principal Place of Business

Mailing Address

16305 SWINGLEY RIDGE DRIVE  
CHESTERFIELD MO 63017

16305 SWINGLEY RIDGE DRIVE  
CHESTERFIELD MO 63017

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
07/02/1990

3a. Date of Last Report  
04/26/1995

4. FEI Number  
43-1478590

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of signatory shall be typed or printed below.

Signature typed or printed name of signatory shall be typed or printed below.

(W)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME NICHOLS, MACK G  
STREET ADDRESS 16305 SWINGLEY RIDGE DR.  
CITY-ST-ZIP CHESTERFIELD MO ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VS  
NAME LARIMER, JAKE A  
STREET ADDRESS 16305 SWINGLEY RIDGE DR.  
CITY-ST-ZIP CHESTERFIELD MO ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME MEIER, TERRY D.  
STREET ADDRESS 16305 SWINGLEY RIDGE DR.  
CITY-ST-ZIP CHESTERFIELD MO ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AS  
NAME LINDERMAN, TERRENCE G.  
STREET ADDRESS 16305 SWINGLEY RIDGE DR.  
CITY-ST-ZIP CHESTERFIELD MO ☒ DELETE

4.1 TITLE AS  
4.2 NAME Voltolina, Frank  
4.3 STREET ADDRESS 7733 Forsyth Blvd.  
4.4 CITY-ST-ZIP St. Louis, MO 63015 ☐ Change ☒ Addition

TITLE VD  
NAME WOODS, DANIEL E., JR.  
STREET ADDRESS 16305 SWINGLEY RIDGE DR.  
CITY-ST-ZIP CHESTERFIELD MO ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V  
NAME COLLINS, MICHAEL J.  
STREET ADDRESS 16305 SWINGLEY RIDGE DR.  
CITY-ST-ZIP CHESTERFIELD MO ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

*Frank Voltolina*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank Voltolina

4-24-96 (314) 530-2000

Date

Daytime Phone

CR2E034 (12/95)