


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90025 026 \*\*\*150.00


**DOCUMENT # P34884**  
 1. Entity Name  
**CHEMICAL LIME COMPANY OF ALABAMA, INC.**



Principal Place of Business      Mailing Address  
**3700 HULEN STREET**      **P.O. BOX 985004**  
**FT. WORTH, TX 76107 US**      **FT. WORTH, TX 76185-5004 US**

**44060323**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



03312004      Chg-P      CR2E034 (10/03)  
 4. FEI Number      Applied For  
**63-1002780**      Not Applicable  
 5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**THE PRENTICE-HALL CORPORATION SYSTEM**  
**110 NORTH MAGNOLIA STREET**  
**TALLAHASSEE, FL 32301**

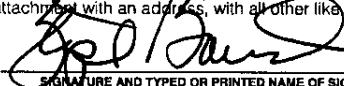
**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**      9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REILLY, DAVID M.			NAME			
STREET ADDRESS	3700 HULEN			STREET ADDRESS			
CITY-ST-ZIP	FT. WORTH, TX 76107			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE	CD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERGHMANS, JEAN-PIERRE			NAME	Berghmans, Jean-Pierre		
STREET ADDRESS	3700 HULEN ST			STREET ADDRESS	3700 Hulen Street		
CITY-ST-ZIP	FORT WORTH, TX 76107			CITY-ST-ZIP	Fort Worth, TX 76107		
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LHOIST, LEON-ALBERT			NAME			
STREET ADDRESS	3700 HULEN ST			STREET ADDRESS			
CITY-ST-ZIP	FORT WORTH, TX 76107			CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EHLE, JAMES L.			NAME			
STREET ADDRESS	3700 HULEN			STREET ADDRESS			
CITY-ST-ZIP	FT. WORTH, TX 76107			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NORDIN, BOB			NAME			
STREET ADDRESS	3700 HULEN STREET			STREET ADDRESS			
CITY-ST-ZIP	FORT WORTH, TX 76107			CITY-ST-ZIP			
TITLE	CFO	<input type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARNISH, STEPHEN			NAME	Barnish, Stephen		
STREET ADDRESS	3700 HULEN ST			STREET ADDRESS	3700 Hulen Street		
CITY-ST-ZIP	FORT WORTH, TX 76107			CITY-ST-ZIP	Fort Worth, TX 76107		

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:**  **Vice President/CFO**      04/01/04      (817) 806-1522  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #