

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90133 027 \*\*\*150.00

**DOCUMENT # P34884**

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



Principal Place of Business  
**3700 HULEN STREET  
FT. WORTH, TX 76107 US**

Mailing Address  
**P.O. BOX 985004  
FT. WORTH, TX 76185-5004 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02252005 Chg-P CR2E034 (10/03)

4. FEI Number  
**63-1002780**

Applied For  
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  
**The Prentice-Hall Corporation System, Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
**1201 Hayes Street**

City  
**Tallahassee** **FL** Zip Code  
**32301**

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, 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, 2005 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **REILLY, DAVID M.**  
STREET ADDRESS **3700 HULEN**  
CITY-ST-ZIP **FT. WORTH, TX 76107**

TITLE **CD** ☐ Delete  
NAME **BERGHMANS, JEAN-PIERRE**  
STREET ADDRESS **3700 HULEN ST**  
CITY-ST-ZIP **FORT WORTH, TX 76107**

TITLE **SD** ☐ Delete  
NAME **LHOIST, LEON-ALBERT**  
STREET ADDRESS **3700 HULEN ST**  
CITY-ST-ZIP **FORT WORTH, TX 76107**

TITLE **T** ☐ Delete  
NAME **NORDIN, BOB**  
STREET ADDRESS **3700 HULEN STREET**  
CITY-ST-ZIP **FORT WORTH, TX 76107**

TITLE **V** ☐ Delete  
NAME **BARNISH, STEPHEN**  
STREET ADDRESS **3700 HULEN ST**  
CITY-ST-ZIP **FORT WORTH, TX 76107**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

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

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:** **Stephen Barnish, CFO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/25/2005 817-806-1522**

Date

Daytime Phone #