

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90037 043 \*\*\*150.00

**DOCUMENT # P36187**

1. Entity Name

AMERICAN CHEMICAL TANKERS, INC.



Principal Place of Business

12 SCHOOL HOUSE RD  
RANDOLPH NJ 07869

Mailing Address

P.O. BOX 264  
CEDAR KNOLLS NJ 07927

2. Principal Place of Business

12 School House RD

3. Mailing Address

P.O. Box 264

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

RANDOLPH, NJ

City & State

CEDAR KNOLLS, NJ

Zip

07869

Country

USA

Zip

07927-0264

Country

USA

4. FEI Number

22-2532201

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

OLSEN, JONATHAN B  
1217 NE 3RD STREET  
FORT LAUDERDALE FL 33301

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

*Jonathan Olsen*

2.7.05

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT  
NAME OLSEN, JONATHAN B.  
STREET ADDRESS 12 SCHOOL HOUSE RD  
CITY-ST-ZIP RANDOLPH NJ 07869 ☐ Delete

TITLE VP  
NAME BATE, ANDREW H.  
STREET ADDRESS 9905 SW 68 CT  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE S  
NAME BATE, ELIZABETH J.  
STREET ADDRESS 9905 SW 68 CT  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE PT  
NAME OLSEN, MAGNUS S  
STREET ADDRESS 12 SCHOOL HOUSE RD  
CITY-ST-ZIP RANDOLPH NJ 07869 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

*Magnus S Olsen, President* 2.2.05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #