

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90056 031 ***150.00

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DOCUMENT # P38935

1. Corporation Name

VULCAN CHEMICAL TECHNOLOGIES, INC.

CI
RI



Principal Place of Business

CORPORATE TAX DEPARTMENT
P O BOX 385014
BIRMINGHAM AL 35238-5014
US

Mailing Address

ONE METROPLEX DR.
P O BOX 530187
BIRMINGHAM AL 35253-187
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1992

4. FEI Number
76-0300400

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 CORPORATE TAX DEPARTMENT

27 Suite, Apt. #, etc.

27 P.O. BOX 385014

28 City & State

28 BIRMINGHAM, AL

29 Zip Country

29 35238-5014

30 US

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
110 N MAGNOLIA ST
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITILE T ☐ DELETE

NAME REESE, T.W.
STREET ADDRESS ONE METROPLEX DR.
CITY-ST-ZIP BIRMINGHAM AL 35253-0187

TITILE P ☒ DELETE

NAME BROWNFIELD, D.L.
STREET ADDRESS ONE METROPLEX DR.
CITY-ST-ZIP BIRMINGHAM AL 35253-0187

TITILE VD ☒ DELETE

NAME WASON, R.A. IV
STREET ADDRESS ONE METROPLEX DR.
CITY-ST-ZIP BIRMINGHAM AL 35253-0187

TITILE T ☐ DELETE

NAME MOYNIHAN, J J
STREET ADDRESS ONE METROPLEX DRIVE
CITY-ST-ZIP BIRMINGHAM AL 32253-0187

TITILE SD ☐ DELETE

NAME SYDNOR, E.S.
STREET ADDRESS ONE METROPLEX DR.
CITY-ST-ZIP BIRMINGHAM AL 35253-0187

TITILE D ☐ DELETE

NAME CLEMENS, III P J
STREET ADDRESS ONE METROPLEX DRIVE
CITY-ST-ZIP BIRMINGHAM AL 35253-0187

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE AT ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 1386 SEQUOIA TRAIL
1.4 CITY-ST-ZIP ALABASTER, AL 35007

2.1 TITLE P ☐ Change ☒ Addition

2.2 NAME S. J. BENDIG
2.3 STREET ADDRESS 3346 PANORAMA BROOK DRIVE
2.4 CITY-ST-ZIP VESTAVIA HILLS, AL 35216

3.1 TITLE AS ☐ Change ☒ Addition

3.2 NAME W. F. DENSON, III
3.3 STREET ADDRESS 3215 EAST BRIARCLIFF ROAD
3.4 CITY-ST-ZIP BIRMINGHAM, AL 35223

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 8243 CASTLEHILL ROAD
4.4 CITY-ST-ZIP BIRMINGHAM, AL 35242

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS 2716 HANOVER CIRCLE #500
5.4 CITY-ST-ZIP BIRMINGHAM, AL 35205

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS 5680 CAHABA VALLEY ROAD
6.4 CITY-ST-ZIP BIRMINGHAM, AL 35242

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

T.W. Reese

T.W. REESE, ASSISTANT TREASURER

4/26/99

205-298-3153

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)