

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P38935**

CERTIFIED MAIL NO. Z 973/116 823

1. Entity Name

RETURN RECEIPT REQUESTED

VULCAN CHEMICAL TECHNOLOGIES, INC.

FILED
Jul 31, 2000 8:00 am
Secretary of State

07-31-2000 90006 014 ***550.00

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **76-0300400**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
110 N MAGNOLIA ST
TALLAHASSEE FL 32301

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **AT** ☐ Delete
NAME **REESE, T.W.**
STREET ADDRESS **1386 SEQUOIA TR**
CITY-ST-ZIP **ALABASTER AL 35007**

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

TITLE **P** ☐ Delete
NAME **BENDIG, S J**
STREET ADDRESS **3346 PANORAMA BROOK DR**
CITY-ST-ZIP **VESTAVIA HILLS AL 35216**

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

TITLE **AS** ☐ Delete
NAME **DENSON III, W F**
STREET ADDRESS **3215 E BRIARCLIFF RD**
CITY-ST-ZIP **BIRMINGHAM AL 35223**

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

TITLE **T** ☐ Delete
NAME **MOYNIHAN, J J**
STREET ADDRESS **8243 HANOVER CIR 500**
CITY-ST-ZIP **BIRMINGHAM AL 35205**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8243 CASTLEHILL ROAD**
CITY-ST-ZIP **BIRMINGHAM, AL 35242**

TITLE **SD** ☐ Delete
NAME **SYDNOR, E.S.**
STREET ADDRESS **5680 HANOVER CIR 500**
CITY-ST-ZIP **BIRMINGHAM AL 35242**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2716 HANOVER CIRCLE #500**
CITY-ST-ZIP **BIRMINGHAM, AL 35205**

TITLE **D** ☐ Delete
NAME **CLEMENS, III P J**
STREET ADDRESS **ONE METROPLEX DRIVE**
CITY-ST-ZIP **BIRMINGHAM AL 35253-0187**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5680 CAHABA VALLEY ROAD**
CITY-ST-ZIP **BIRMINGHAM, AL 35242**

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

T. W. REESE, ASSISTANT TREASURER

7/17/00

298/298-3153

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 2-2004 (5/00)