

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS**

**APPROVED
AND
FILED**

95 APR 28 PM 2:48

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P36906

(6)

1. Corporation Name

CHEMCENTRAL CORPORATION

Principal Place of Business

**7050 W. 71ST STREET
BEDFORD PARK IL 60499-0730
US**

Mailing Address

**P.O. BOX 730
BEDFORD PARK IL 60499-0730**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/02/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

36-2108593

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**CD
HOUGH, R. T.
7050 W. 71ST STREET
BEDFORD PARK IL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD
WENSTRUP, H. D.
7050 W. 71ST STREET
BEDFORD PARK IL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VD
COURTNEY, D. W.
7050 W. 71ST STREET
BEDFORD PARK IL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VTD
HAINES, A. L.
7050 W. 71ST STREET
BEDFORD PARK IL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VTD
MULLIKEN, W. D.
7050 W. 71ST STREET
BEDFORD PARK IL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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SIGNATURE:

A. L. HAINES (A. L. HAINES)

4/13/95 (708) 544-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone