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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1. Corporation Name DELL CHEMICAL CO.	
Principal Place of Business	Mailing Address
19489 WATERS REACH CT. #101 BOCA RATON FL 33434	P.O. BOX 811436 BOCA RATON FL 33481
2. Principal Place of Business	2a. Mailing Address
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FILED Jan 27, 1999 8:00am **Secretary of State**

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Principal Place	e of Business	Mailing	Address					•			
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							12/10/19		•		
2 Principal P	lace of Business	2a. Mail	ing Address				4. FEI Number	r	·	T A	pplied For
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Suite, Apt. #, etc. 27			3				5. Certifcate of	f Status Desired			Required
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091 404	89 WATERS RANCH CT. #101				82 Street A		ess (P.O. Box Num	nber is Not Accepta	able)		
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41 Pursuant	to the provisions of Sections 607.0502	2 and 607.15	08, Florida Statut	es, the ab	ove-na	amed corpo	oration submits this	s statement for the	purpose o	f changing i	s registered
4012	to the provisions of Sections 607.0502 registered agent, or both, in the State of the familiar with, and accept the obligations.	of Florida, Su	ich change was a	uthorized	by the	e corporation	n's board of direct	ors. I hereby acce	ot the appo	pintment as	registered
onice or r											
agent. I a	m familiar with, and accept the obligat	tions of, Sect	tion 607.0505, Flo	rida Statu	tes.			•			
agent. I a										· ,	
SIGNATURE	Signature, typed or printed name of registered agent	nt and title if applic	able. (NOTE	: Registered			when reinstating),,		DATE		
SIGNATURE		nt and title if applic	able (NOTE	Registered /	Agent sig		when reinstating),,	CHANGES TO OF	DATE		ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS ANI	nt and title if applic	able. (NOTE	13.	Agent sig		when reinstating)		DATE	ND DIRECT	ORS IN 12
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6.4 CITY-ST-ZIP 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 anathment with an address, with all other like empowered.

6.3 STREET ADDRESS

STREET ADDRESS