

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 24, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000022931**1. Entity Name  
HYCHEM INTERNATIONAL, INC.Principal Place of Business  
12800 ALDINE WESTFIELD  
HOUSTON TX 77039Mailing Address  
12800 ALDINE WESTFIELD  
HOUSTON TX 770392. Principal Place of Business  
68 PENNSYLVANIA AVENUE3. Mailing Address  
68 PENNSYLVANIA AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
LOCKPORT NYCity & State  
LOCKPORT NYZip Country  
14094Zip Country  
140944. FEI Number  
**65-0912882**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**SMALL RICHARD J  
998 BASS COURT  
VENICE FL 34293**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.

SIGNATURE \_\_\_\_\_ **04/24/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	TEO GEKNAM	BALK. 9006 TAMPINES ST. 93	02-204 SINGAPORE 5288-40	<input type="checkbox"/>
D	TURNER PETER J	1610 DUFFY COURT	VENICE FL 34293	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	TURNER PETER J	68 PENNSYLVANIA AVENUE	LOCKPORT NY 14094	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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:** Peter J. Turner  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D 04/24/2001

Date

Daytime Phone #

CR2E034 (11/00)