2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State
01-23-2004 90042 030 ***150.00

DOCUMENT # S00754
1. Entity Name
MERIT CHEMICAL COMPANY

Principal Place of Business	Mailing Address
2451 WHIPPER WILL LANE ORANGE PARK, FL 32073 US	P.O. BOX 1685 ORANGE PARK, FL 32067 US

01212004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
		2451 Whippoorwill Ln	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Orange Park, Fl.	
Zip	Country	Zip: 32073	Country: Clay

4. FEI Number: 59-3030219 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHESTANG, BOBBY G.
1532 KINGSLEY AVE.
STE 105
ORANGE PARK, FL 32073

7. Name and Address of New Registered Agent

Name: Chestang, Bobby G.
Street Address (P.O. Box Number is Not Acceptable): 2451 Whippoorwill Ln.
City: Orange Park FL Zip Code: 32073

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Bobby G Chestang — Jan. 21, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CHESTANG, BOBBY GLEN		NAME		
STREET ADDRESS	2451 WHIPPOORWILL LANE		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CHESTAND,BRADLEY DEWIGHT		NAME		
STREET ADDRESS	2451 WHIPPOORWILL LANE		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bobby Chestang (Bobby Chestang) — Jan 21, 2004 — 904-264-4957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #