

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S35921

Entity Name: BAY TECH CHEMICAL COMPANY

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

12385 AUTOMOBILE BLVD
CLEARWATER, FL 33762 US

New Principal Place of Business:

Current Mailing Address:

1340 TREAT BLVD
#600
WALNUT CREEK, CA 94597 US

New Mailing Address:

FEI Number: 59-3050144 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: BROWN, WILLIAM
Address: 1340 TREAT BLVD STE 600
City-St-Zip: WALNUT CREEK, CA 94597

Title: EVPC () Delete
Name: PENNINGTON, W. DAN
Address: 1340 TREAT BLVD STE 600
City-St-Zip: LAFAYETTE, CA 94549

Title: ASEC () Delete
Name: GRADY, GILL
Address: 1340 TREAT BLVD STE 600
City-St-Zip: LAFAYETTE, CA 94549

Title: VP () Delete
Name: ROWE, DENNIS
Address: 1340 TREAT BLVD STE 600
City-St-Zip: LAFAYETTE, CA 94549

Title: VP () Delete
Name: DENISON, JACK
Address: 1340 TREAT BLVD STE 600
City-St-Zip: LAFAYETTE, CA 94549

Title: ASTD () Delete
Name: KANE, TIMOTHY J
Address: 1340 TREAT BLVD STE 600
City-St-Zip: LAFAYETTE, CA 94549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY KANE

ASTD

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date