SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **V56092** **(2)**

1. Corporation Name
TECHNA LUBE CHEMICAL CO., INC.

Principal Place of Business	Mailing Address
280 HWY. 29 SOUTH UNIT 120 SUITE 149 CONCORD NC 28207	280 HWY. 29 SOUTH UNIT 120 SUITE 149 CONCORD NC 28207

3. Date Incorporated or Qualified: **06/03/1992**
3a. Date of Last Report: **08/08/1995**

2. Principal Place of Business — 21
Suite, Apt #, etc — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt #, etc — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **65-1350241** ☐ 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

9. Name and Address of Current Registered Agent

STUDER, WILLIAM
4785 CAPSTAN AVENUE
STUART FL 34997

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	COPD	☐ DELETE	11 TITLE	Sec/Tres/Director	☑ Change ☐ Addition
NAME	STENCIL, ROBERT		12 NAME	Carissa Stencil	
STREET ADDRESS	280 HWY 29 S UNIT 120 SUITE 149		13 STREET ADDRESS	280 Hwy 29S Unit 120	
CITY-ST-ZIP	CONCORD NC 28027		14 CITY-ST-ZIP	Concord, NC 28027	
TITLE	CVDS	☐ DELETE	21 TITLE	Vice President/Director	☐ Change ☑ Addition
NAME	STENCIL, CARISSA		22 NAME	Charles K. Wilson	
STREET ADDRESS	280 HWY 29 S UNIT 120 SUITE 149		23 STREET ADDRESS	280 Hwy 29S Unit 120	
CITY-ST-ZIP	CONCORD NC 28027		24 CITY-ST-ZIP	Concord, NC 28027	
TITLE	CFOD	☐ DELETE	31 TITLE	Chief Operating Officer [redacted]	☐ Change ☑ Addition
NAME	USTER, DANIEL		32 NAME	Larry Cole	
STREET ADDRESS	280 HWY 29 S UNIT 120 SUITE 149		33 STREET ADDRESS	280 Hwy 29S Unit 120	
CITY-ST-ZIP	CONCORD NC 28027		34 CITY-ST-ZIP	Concord NC 28027	
TITLE	D	☐ DELETE	41 TITLE	~~Director~~	☐ Change ☑ Addition
NAME	HILL, JOHN E III		42 NAME	~~Terry Kuntz~~ DELETE	
STREET ADDRESS	3609 CHELWOOD		43 STREET ADDRESS	~~280 Hwy 29S Unit 120~~	
CITY-ST-ZIP	CONCORD NC 28027		44 CITY-ST-ZIP	~~Concord NC 28027~~	
TITLE		☐ DELETE	51 TITLE	Director	☑ Change ☐ Addition
NAME			52 NAME	John E. Hill III	
STREET ADDRESS			53 STREET ADDRESS	280 Hwy 29S Unit 120	
CITY-ST-ZIP			54 CITY-ST-ZIP	Concord, NC 28027	
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carissa F Stencil 7/15/96 800-780-8524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Carissa F. Stencil Sec/Treas