

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 27 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # V56092 (2)**  
 1. Corporation Name  
**TECHNA LUBE CHEMICAL CO., INC.**



Principal Place of Business 280 HWY. 29 SOUTH UNIT 120 SUITE 149 CONCORD NC 28027	Mailing Address 280 HWY. 29 SOUTH UNIT 120 SUITE 149 CONCORD NC 28027
--	--

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 280 Concord Pkwy South Suite, Apt. #, etc. 22 Unit 120 Suite 149 City & State 23 Concord NC Zip Country 24 28027 25 USA		<b>2a. Mailing Address</b> 26 280 Concord Pkwy South Suite, Apt. #, etc. 27 Unit 120 Suite 149 City & State 28 Concord NC Zip Country 29 28027 30 USA		<b>3. Date Incorporated or Qualified</b> 08/03/1992	<b>4. FEI Number</b> 65-1350241	Applied For <input type="checkbox"/> Not Applicable
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
				<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
				<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>9. Name and Address of Current Registered Agent</b> STUDER, WILLIAM 4785 CAPSTAN AVENUE STUART FL 34997		<b>10. Name and Address of New Registered Agent</b> 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSTD <input type="checkbox"/> DELETE	1.1 TITLE	VSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STENCIL, CARISSA	1.2 NAME	Stencil, Carissa
STREET ADDRESS	280 HWY 29 S UNIT 120	1.3 STREET ADDRESS	280 Concord Pkwy South Unit 120
CITY-ST-ZIP	CONCORD NC 28027	1.4 CITY-ST-ZIP	Concord, NC 28027
TITLE	PCEO <input type="checkbox"/> DELETE	2.1 TITLE	PCEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STENCIL, ROBERT	2.2 NAME	Stencil, Robert
STREET ADDRESS	280 HWY 29 S UNIT 120	2.3 STREET ADDRESS	280 Concord Pkwy South Unit 120
CITY-ST-ZIP	CONCORD NC 28027	2.4 CITY-ST-ZIP	Concord, NC 28027
TITLE	COO <input type="checkbox"/> DELETE	3.1 TITLE	COO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, LARRY	3.2 NAME	Cole, Larry
STREET ADDRESS	280 HWY 29 S UNIT 120	3.3 STREET ADDRESS	280 Concord Pkwy South Unit 120
CITY-ST-ZIP	CONCORD NC	3.4 CITY-ST-ZIP	Concord NC 28027
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, JOHN E III	4.2 NAME	Hill, John E III
STREET ADDRESS	280 HWY 29 S UNIT 120	4.3 STREET ADDRESS	280 Concord Pkwy South Unit 120
CITY-ST-ZIP	CONCORD NC	4.4 CITY-ST-ZIP	Concord NC 28027
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAIL, ROBERT E JR	5.2 NAME	Vail, Robert E. Jr.
STREET ADDRESS	280 HWY 29 S., UNIT 120	5.3 STREET ADDRESS	280 Concord Pkwy South Unit 120
CITY-ST-ZIP	CONCORD NC 28027	5.4 CITY-ST-ZIP	Concord, NC 28027
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 attachment with an address.

SIGNATURE: Carissa Stencil, Carissa Stencil, 4785 Capstan Ave, Stuart, FL 34997

CR2E034 (10/97)