

2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000003487

Entity Name: PINE CHEMICALS ASSOCIATION, INC.**Current Principal Place of Business:**97428 BLACKBEARDS WAY
YULEE, FL 32097**Current Mailing Address:**P.O. BOX 17136
FERNANDINA BEACH, FL 32035**FEI Number: 13-1887970****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**YOUNG, AMANDA
97428 BLACKBEARDS WAY
YULEE, FL 32097 US*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

Officer/Director Detail :

Title C
Name GODINA, LEE
Address P.O. BOX 8149
City-State-Zip: STAMFORD CT 06905

Title D
Name ADAMS, GREG
Address 2051 N. LANE AVE.
City-State-Zip: JACKSONVILLE FL 32254

Title D
Name TRIESSCHEIJN, JEROEN
Address 200 N. LASALLE STREET, SUITE 2600
City-State-Zip: CHICAGO IL 60601

Title VICE-CHAIRMAN
Name PHILLIPS, ALAN
Address 4600 TOUCHTON ROAD EAST
SUITE 1200
City-State-Zip: JACKSONVILLE FL 32246

Title D
Name ACTON, PETER
Address 1101 W. LATHROP AVE., GATE 16
City-State-Zip: SAVANNAH GA 31415

Title P
Name MORRIS, CHARLES
Address 85316 AVANT ROAD
City-State-Zip: YULEE FL 32097

Title D
Name KENNEDY, KEN
Address 2801 COOK STREET
City-State-Zip: BRUNSWICK GA 31520

Title LEGAL COUNSEL
Name MACLEOD, ANTHONY
Address 500 WEST PUTNAM AVENUE
City-State-Zip: GREENWICH CT 06830

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I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES MORRIS**PRESIDENT & COO****04/04/2013**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ROBERTS, MICHAEL
Address 133 PEACHTREE STREET NE, 19TH FLOOR
City-State-Zip: ATLANTA GA 30303

Title DIRECTOR
Name VIOLETTE, STEVEN
Address 3298 SUMMIT BLVD.
BUILDING 35
City-State-Zip: PENSACOLA FL 32503

Title DIRECTOR
Name SCHNEIDER, COREY
Address 24 CATHEDRAL PLACE
SUITE 409
City-State-Zip: ST. AUGUSTINE FL 32084

Title DIRECTOR
Name WATERS, FRANK
Address 4800 STATE ROAD 60 EAST
City-State-Zip: MULBERRY FL 33860