

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90057 017 \*\*\*150.00

**DOCUMENT # P29363**

1. Entity Name  
**INTERNATIONAL MINERALS & CHEMICAL CORPORATION**

|   |   |
|---|---|
| Principal Place of Business<br><b>2100 SANDERS RD<br/>         NORTHBROOK IL 60062-6146<br/>         US</b> | Mailing Address<br><b>2100 SANDERS RD<br/>         ATTN: TAX DEPT<br/>         NORTHBROOK IL 60062-6146<br/>         US</b> |
|---|---|

00040084



DO NOT WRITE IN THIS SPACE

|  |  |  |  |                                    |   |
|--|--|--|--|------------------------------------|---|
| 2. Principal Place of Business<br><b>100 S Saunders Rd</b><br>Suite, Apt. #, etc.<br><b>300</b><br>City & State<br><b>Lake Forest IL 60045</b><br>Zip<br><b>60045</b> Country<br><b>US</b> |  | 3. Mailing Address<br><b>100 S Saunders Rd</b><br>Suite, Apt. #, etc.<br><b>300</b><br>City & State<br><b>Lake Forest IL</b><br>Zip<br><b>60045</b> Country<br><b>US</b> |  | 4. FEI Number<br><b>36-3791267</b> | Applied For<br><input type="checkbox"/><br>Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |  |  |                                    |   |

|  |  |   |  |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent<br><b>CT CORPORATION SYSTEM<br/>         1200 S. PINE ISLAND ROAD<br/>         PLANTATION FL 33324</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |  |
|--|--|---|--|

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.

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

|  |   |  |
|--|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|--|---|--|

| 11. OFFICERS AND DIRECTORS                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>JAMES, J. BRADFORD</b><br><b>2345 WAUKEGAN RD., SUITE E-200</b><br><b>BANNOCKBURN IL 60015-5516</b>                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>100 S Saunders Rd</b><br><b>Lake Forest IL 60045</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br><b>AS</b><br><b>MCGOWAN, JOSEPH A IV</b><br><b>2345 WAUKEGAN RD., SUITE E-200</b><br><b>BANNOCKBURN IL 60015-5516</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>100 S Saunders Rd</b><br><b>Lake Forest IL 60045</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>AS</b><br><b>Michael A Selgrad</b><br><b>100 S Saunders Rd</b><br><b>Lake Forest IL 60045</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph A McGowan IV* Joseph A McGowan IV 4-30-01 (847) 739-1840  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)