

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **812389** (5)
1. Corporation Name
AKZO NOBEL SALT INC.



Principal Place of Business: **ABINGTON EXECUTIVE PARK CLARKS SUMMIT PA 18411 US**
Mailing Address: **ATTN: TAX DEPT 300 S RIVERSIDE PLAZA CHICAGO IL 60606 US**

3. Date Incorporated or Qualified: **12/09/1957** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **24-0620212** 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

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.

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**

10. Name and Address of New Registered Agent: 81. Name: 82. Street Address (P.O. Box Number is Not Acceptable): 83. City: 84. State: **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: _____

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILCAUSKAS, EUGENE F.	
STREET ADDRESS	3 CHESTERBROOK RD	
CITY-ST-ZIP	CHESTER NJ	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	CROWLEY, FRANCIS E	
STREET ADDRESS	105 PRINCETON	
CITY-ST-ZIP	CLARKS SUMMIT PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BEHAN, JOHN W	
STREET ADDRESS	299 WEST 12TH ST APT #8C	
CITY-ST-ZIP	NEW YORK NY	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BURNS, HARRY A III	
STREET ADDRESS	CARBONDALE RD	
CITY-ST-ZIP	WAVERLY PA	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	O'CONNOR, GERALD R	
STREET ADDRESS	BOX 72 OAKFORD RD	
CITY-ST-ZIP	WAVERLY PA	
TITLE	CCAS	<input type="checkbox"/> DELETE
NAME	PESLAK, ALAN R	
STREET ADDRESS	240 KATHLEEN DR	
CITY-ST-ZIP	PECKVILLE PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KLUIT, PIET PROVB	
1.3 STREET ADDRESS	474 N. LAKE SHORE DRIVE #3910	
1.4 CITY-ST-ZIP	CHICAGO, IL 60611	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VAN DER MEER, R.M.J.	
2.3 STREET ADDRESS	BURGE MEBSTER VDFELTBLAAN 13	
2.4 CITY-ST-ZIP	8162 MA EPE, THE NETHERLANDS	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BEHAN, JOHN W.	
3.3 STREET ADDRESS	299 WEST 12TH ST APT 8C	
3.4 CITY-ST-ZIP	NEW YORK NY 10014	
4.1 TITLE	PD, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BURNS, HARRY A III	
4.3 STREET ADDRESS	CARBONDALE ROAD	
4.4 CITY-ST-ZIP	WAVERLY, PA 18471	
5.1 TITLE	SR.YP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	THOMPSON, G. RICHARD	
5.3 STREET ADDRESS	110 UPLAND TERRACE	
5.4 CITY-ST-ZIP	CLARKS SUMMIT, PA 18411	
6.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PESLAK, ALAN R	
6.3 STREET ADDRESS	240 KATHLEEN DR	
6.4 CITY-ST-ZIP	PECKVILLE, PA 18452	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE: *G. Richard Thompson* Sr. V.P. & Chief Admin Officer (717) 587-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **G. Richard Thompson** 4/23/96

CR2E034 (12/95)