

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -6 AM 9:26

DOCUMENT # **838210** (3)

1. Corporation Name
MACDERMID, INCORPORATED

Principal Place of Business Mailing Address
245 FREIGHT STREET WATERBURY CT 06702-1802

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/13/1977** 3a. Date of Last Report **05/01/1994**

4. FEI Number **06-0435750** 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	V/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEEVEE, DANIEL H.	1.2 NAME	Rice, Charles D.
STREET ADDRESS	135 RAILTREE HILL RD	1.3 STREET ADDRESS	one Whitney St.
CITY - ST - ZIP	WOODBURY CT	1.4 CITY - ST - ZIP	Sherborn, MA 01770
TITLE	V	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRUNWALD, JOHN J.	2.2 NAME	Copeland, Terrance C.
STREET ADDRESS	4 HAMERSHORER	2.3 STREET ADDRESS	10 Woodbury Hill
CITY - ST - ZIP	RAMAT GAN, ISRAEL	2.4 CITY - ST - ZIP	Woodbury, CT 06798
TITLE	COB	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEEVEE, HAROLD	3.2 NAME	Pfaff, Michael A.
STREET ADDRESS	366 GUILDS HOLLOW RD.	3.3 STREET ADDRESS	33 Belcrest St.
CITY - ST - ZIP	BETHLEHEM CT	3.4 CITY - ST - ZIP	West Hartford, CT 06107
TITLE	P	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEEVEE, DANIEL H.	4.2 NAME	Erdman, David A.
STREET ADDRESS	135 RAILTREE HILL RD	4.3 STREET ADDRESS	195 Falcon Crest
CITY - ST - ZIP	WOODBURY CT	4.4 CITY - ST - ZIP	Middlebury, CT 06762
TITLE	S	5.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENNER, GERALD F.	5.2 NAME	Cordani, John L.
STREET ADDRESS	35 DUNHAM RD.	5.3 STREET ADDRESS	26 Richard Ave.
CITY - ST - ZIP	PORTLAND CT	5.4 CITY - ST - ZIP	Wolcott, CT 06716
TITLE	V	6.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBB, CHARLES T.	6.2 NAME	Cobb, Charles T.
STREET ADDRESS	121 MALLARD DR	6.3 STREET ADDRESS	67 Brookmore Rd.
CITY - ST - ZIP	AVON CT	6.4 CITY - ST - ZIP	Avon, CT 06001

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 110.07(3)(4), 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 (changed, or on an attachment with an address).

SIGNATURE: Joh L. Cordani 3-29-95 (203) 525-5246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature #)