

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 # **838210** (3)

1. Corporation Name
MACDERMID, INCORPORATED



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

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

3. Date Incorporated or Qualified: **04/13/1977**
3a. Date of Last Report: **04/06/1995**
4. FEI Number: **06-0435750**
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

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 (81-85)

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 607.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signatures, typed or printed name of registered agent or director if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	LEEVEY, DANIEL H.	
STREET ADDRESS	135 RAILTREE HILL RD	
CITY-STATE-ZIP	WOODBURY CT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GRUNWALD, JOHN J.	
STREET ADDRESS	4 HAMERSHORER	
CITY-STATE-ZIP	RAMAT GAN, ISRAEL	
TITLE	COB	<input type="checkbox"/> DELETE
NAME	LEEVEY, HAROLD	
STREET ADDRESS	366 GUILDS HOLLOW RD.	
CITY-STATE-ZIP	BETHLEHEM CT	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LEEVEY, DANIEL H.	
STREET ADDRESS	135 RAILTREE HILL RD	
CITY-STATE-ZIP	WOODBURY CT	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CORDANI, JOHN L.	
STREET ADDRESS	26 RICHARD AVE.	
CITY-STATE-ZIP	WOLCOTT CT	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	COBB, CHARLES T.	
STREET ADDRESS	67 BROOKMORE ROAD	
CITY-STATE-ZIP	AVON CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	V Arthur S. Lovetere, Sr.
6.3 STREET ADDRESS	277 Charter Oak
6.4 CITY-STATE-ZIP	Southbury, CT 06488

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 if changed, or on an attachment with an address.

SIGNATURE: John L. Cordani (John L. Cordani) 2-15-96 (203) 575-5246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)