

**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

*filed 6/27/95*

DOCUMENT # **841767** (7)  
1. Corporation Name  
**THE FELDSPAR CORPORATION**



Principal Place of Business Mailing Address  
**790 HWY. 226 S.  
SPRUCE PINE NC 28777  
US** **P. O. BOX 648  
SPRUCE PINE NC 28777  
US**

3. Date Incorporated or Qualified **11/03/1978** 3a. Date of Last Report **06/27/1995**  
4. FEI Number **56-0616733** 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 State, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>CRISP, BARBARA H.</b>
STREET ADDRESS	<b>RT. 3, BOX 178</b>
CITY - ST - ZIP	<b>SPRUCE PINE NC</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LAWSON-JOHNSTON, PETER</b>
STREET ADDRESS	<b>215 CARTER ROAD</b>
CITY - ST - ZIP	<b>PRINCETON NJ</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PALMIERE, ALLEN J</b>
STREET ADDRESS	<b>56TH FLOOR, 40 KING ST., W.</b>
CITY - ST - ZIP	<b>TORONTO ON</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>ROGERS, WILLIAM Z.</b>
STREET ADDRESS	<b>236 LAKEVIEW ROAD</b>
CITY - ST - ZIP	<b>SPRUCE PINE NC</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>MORRIS, ROBERT W</b>
STREET ADDRESS	<b>555 CHAMPION HILLS DR.</b>
CITY - ST - ZIP	<b>ALPHARETTA GA</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>HOLLOWAY, MICHAEL G</b>
STREET ADDRESS	<b>590 AVIGNON CT.</b>
CITY - ST - ZIP	<b>DUNWOODY GA</b>

**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 - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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:

*Barbara H Crisp, CFO*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/14/96*  
Date

*704-765-8990*  
Daytime Phone #

CR2E034 (12/95)