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**Mar 27 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 841767 (7)
 1. Corporation Name
THE FELDSPAR CORPORATION



Principal Place of Business 790 HWY. 226 S. SPRUCE PINE NC 28777 US	Mailing Address P. O. BOX 648 SPRUCE PINE NC 28777-0648 US
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3. Date Incorporated or Qualified 11/03/1978	3a. Date of Last Report 02/27/1996
4. FEI Number 56-0616733	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	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
84 City
85 Zip Code

FL

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MORAN, PATRICIA K.
1.3 STREET ADDRESS	161 BAY ST., SUITE 3750
1.4 CITY - ST - ZIP	TORONTO, ONTARIO CANADA M5J 2S1
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	D, V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	161 BAY ST., SUITE 3750
3.4 CITY - ST - ZIP	TORONTO, ONTARIO CANADA M5J 2S1
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1040 CROWN POINTE PKWY, SUITE 270
4.4 CITY - ST - ZIP	ATLANTA, GA 30338
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	P, D
5.3 STREET ADDRESS	PETER J GOODWIN
5.4 CITY - ST - ZIP	1040 CROWN POINTE PKWY, SUITE 270
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	ATLANTA, GA 30338
6.4 CITY - ST - ZIP	

14. I do 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 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, CEO* **3-21-97** **704-765-8990**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)