

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Aug 26 1998 8:00am
 Secretary of State

0113715

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. 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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/03/1978	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 56-0616733	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	<input type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORAN, PATRICIA K		1.2 NAME	Richard L. Lister	
STREET ADDRESS	181 BAYST SUITE 3750		1.3 STREET ADDRESS	161 Bay St. Suite 3750	
CITY-ST-ZIP	TORONTO ONTARIO CA		1.4 CITY-ST-ZIP	Toronto Ontario CA	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAWSON-JOHNSTON, PETER		2.2 NAME	John L. Dentzer	
STREET ADDRESS	215 CARTER ROAD		2.3 STREET ADDRESS	1040 Crown Pointe Pkwy. Suite 270	
CITY-ST-ZIP	PRINCETON NJ		2.4 CITY-ST-ZIP	Atlanta, GA 30338	
TITLE	DV	<input type="checkbox"/> DELETE	3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALMIERE, ALLEN J		3.2 NAME	F. Patrick Carr	
STREET ADDRESS	181 BAY ST SUITE 3750		3.3 STREET ADDRESS	1040 Crown Pointe Pkwy. Suite 270	
CITY-ST-ZIP	TORONTO ON		3.4 CITY-ST-ZIP	Atlanta GA 30338	
TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE	Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGERS, WILLIAM Z.		4.2 NAME	Charles M. Hodgin	
STREET ADDRESS	1040 CROWN POINTE PKWY SUITE 270		4.3 STREET ADDRESS	1040 Crown Pointe Pkwy., Suite 270	
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP	Atlanta, GA 30338	
TITLE	PD	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODWIN, PETER J		5.2 NAME		
STREET ADDRESS	1040 CROWN POINTE PKWY SUITE 270		5.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		5.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLOWAY, MICHAEL G		6.2 NAME	200002629792	
STREET ADDRESS	590 AVIGNON CT.		6.3 STREET ADDRESS	-03/01/98--01023--019	
CITY-ST-ZIP	DUNWOODY GA		6.4 CITY-ST-ZIP	***550.00	

14. I 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: John L. Dentzer RE John L. Dentzer 8-6-98 770-392-8660

CR2E034 (5/98)