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

APPROVED AND FILED
95 APR 20 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **848824** **(9)**

1. Corporation Name
NOR-AM CHEMICAL COMPANY

Principal Place of Business	Mailing Address
3500 SILVERSIDE ROAD WILMINGTON DE 19808 US	2711 CENTERVILLE RD. WILMINGTON DE 19808 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/14/1981
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21: 110 E. HANOVER AVE.
22: Suite, Apt. #, etc.
23: City & State: CEDAR KNOLLS, NJ
24: Zip: 07927 25: Country: USA

2a. Mailing Address
26: 110 E. HANOVER AVE.
27: Suite, Apt. #, etc.
28: City & State: CEDAR KNOLLS, NJ
29: Zip: 07927 30: Country: USA

4. FEI Number: ~~NOT APPLICABLE~~ 31-0255861 ☐ 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 § 199.032 Florida Statutes ☐ Yes ☒ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	11 TITLE	P/D/C	☒ Change ☐ Addition
NAME	MORRIS, K D	12 NAME	LUTZ W. LINGNAU	
STREET ADDRESS	22 TENBY CHASE DRIVE	13 STREET ADDRESS	110 E. HANOVER AVENUE	
CITY - ST - ZIP	NEWARK DE	14 CITY - ST - ZIP	CEDAR KNOLLS, NJ 07927	
TITLE	PD	21 TITLE	V/D	☒ Change ☐ Addition
NAME	EKINS, W.L.	22 NAME	WOLFGANG KUNZE	
STREET ADDRESS	623 NORMAN'S LANE	23 STREET ADDRESS	110 E. HANOVER AVENUE	
CITY - ST - ZIP	NEWARK DE	24 CITY - ST - ZIP	CEDAR KNOLLS, NJ 07927	
TITLE	D	31 TITLE	S	☒ Change ☐ Addition
NAME	LINGNAU, L.	32 NAME	ERIC THREADGOLD	
STREET ADDRESS	110 E. HANOVER AVENUE	33 STREET ADDRESS	110 E. HANOVER AVENUE	
CITY - ST - ZIP	CEDAR KNOLLS NJ	34 CITY - ST - ZIP	CEDAR KNOLLS, NJ 07927	
TITLE	VT	41 TITLE	ASST. T	☒ Change ☐ Addition
NAME	GOERG, M T	42 NAME	ALAN D. SOKALER	
STREET ADDRESS	5904 VALLEY WAY	43 STREET ADDRESS	110 E. HANOVER AVENUE	
CITY - ST - ZIP	CENTERVILLE DE	44 CITY - ST - ZIP	CEDAR KNOLLS, NJ 07927	
TITLE	V. . /	51 TITLE		☒ Change ☐ Addition
NAME	MACHADO, MARSHALL	52 NAME	DELETE	
STREET ADDRESS	126 WYETH WAY	53 STREET ADDRESS		
CITY ST ZIP	HOCKESSIN DE	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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: Alan D. Sokaler ASST. TREAS. 4/8/95 (201)305-5028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ALAN D. SOKALER

040837 FN