

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 849236 (5)

1. Corporation Name
ENGELHARD CORPORATION



Principal Place of Business Mailing Address
101 WOOD AVE ISELIN NJ 08830

3. Date Incorporated or Qualified **05/26/1981** 3a. Date of Last Report **01/25/1995**
4. FEI Number **22-1586002** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 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 **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	CC <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, O.R.	12 NAME	
STREET ADDRESS	101 WOOD AVE	13 STREET ADDRESS	
CITY - ST - ZIP	ISELIN NJ	14 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTONINI, MARION H	22 NAME	
STREET ADDRESS	101 WOOD AVENUE	23 STREET ADDRESS	
CITY - ST - ZIP	ISELIN NJ	24 CITY - ST - ZIP	
TITLE	VS <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORNBUSCH II, A.A.	32 NAME	
STREET ADDRESS	101 WOOD AVE	33 STREET ADDRESS	
CITY - ST - ZIP	ISELIN NJ	34 CITY - ST - ZIP	
TITLE	VPC <input checked="" type="checkbox"/> DELETE	4 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUYETT, ROBERT	42 NAME	VP
STREET ADDRESS	101 WOOD AVE.	43 STREET ADDRESS	WILLIAM E. NETTLES
CITY - ST - ZIP	ISELIN NJ	44 CITY - ST - ZIP	101 WOOD AVENUE ISELIN, NJ 08830
TITLE	T <input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPERDUTO, MICHAEL A	52 NAME	
STREET ADDRESS	101 WOOD AVE	53 STREET ADDRESS	
CITY - ST - ZIP	ISELIN NJ 08830	54 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLACK, H.R	62 NAME	
STREET ADDRESS	101 WOOD AVE	63 STREET ADDRESS	
CITY - ST - ZIP	ISELIN NJ	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: _____ DATE: **1/24/96** DAY/TIME PHONE # _____

CR2E034 (12/95)