

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90050 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 849236

1. Corporation Name
ENGELHARD CORPORATION

Principal Place of Business 101 WOOD AVE ISELIN NJ 08830	Mailing Address 101 WOOD AVE ISELIN NJ 08830
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/26/1981	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 22-1586002	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 ISELIN NJ 101 WOOD AVE				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, O.R.	1.2 NAME	
STREET ADDRESS	101 WOOD AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ISELIN NJ	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTONINI, MARION H	2.2 NAME	
STREET ADDRESS	101 WOOD AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ISELIN NJ	2.4 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.	3.2 NAME	
STREET ADDRESS	101 WOOD AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ISELIN NJ	3.4 CITY-ST-ZIP	
TITLE	VCFO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZPATRICK, THOMAS P	4.2 NAME	
STREET ADDRESS	101 WOOD AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ISELIN NJ 08830	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPERDUTO, MICHAEL A	5.2 NAME	Peter R. Rapin
STREET ADDRESS	101 WOOD AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ISELIN NJ 08830	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLACK, H.R	6.2 NAME	
STREET ADDRESS	101 WOOD AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ISELIN NJ	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *[Signature]* **3/25/99** _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)