


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 849236**  
 1. Entity Name  
**ENGELHARD CORPORATION**



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

**DO NOT WRITE IN THIS SPACE**



04272004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**22-1586002**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

100000150323  
 05/04/04-80001-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	PERRY, BARRY W
STREET ADDRESS	101 WOOD AVE
CITY-ST-ZIP	ISELIN, NJ 08830
TITLE	D
NAME	ANTONINI, MARION H
STREET ADDRESS	101 WOOD AVENUE
CITY-ST-ZIP	ISELIN, NJ
TITLE	VS
NAME	DORNBUSCH II, A.A.
STREET ADDRESS	101 WOOD AVE
CITY-ST-ZIP	ISELIN, NJ
TITLE	T
NAME	MAK, MAC C
STREET ADDRESS	101 WOOD AVE
CITY-ST-ZIP	ISELIN, NJ 08830
TITLE	TDAT
NAME	GIBBONS, CHARLES
STREET ADDRESS	101 WOOD AVENUE
CITY-ST-ZIP	ISELIN, NJ 08830
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**       Date: **4/27/04**      Daytime Phone #: **(732) 245-6091**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR