


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 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



04122006 No Chg-P CR2E034 (11/05)

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, 2006 Fee will be \$550.00

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

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

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100000536423
 05/08/06-80093-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ **4-18-06** **732-205-6091**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #