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CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 850283 1. Corporation Name

Principal Place of Business	Mailing Address
THE TRIAD #200. 2200 RENAISSANCE BLVD. GULPH MILLS PA 19406	2200 renaissance BLVD. The Triad. Ste. 200 King of Prussia pa 19406-2755

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90218 022 ***150.00

HENKEL	CORPORATION							1
Principal Place	of Business	Mailing Address				filosi ososi ososi ososi		!
•	DO. 2200 RENAISSANCE BLVD.	2200 RENAISSANCE BLVD.						
GULPH MILLS F		THE TRIAD. STE. 200						
		KING OF PRUSSIA PA 1940	6-2755		DO NOT WRITE IN	THIS SPACE		
		US			3. Date Incorporated or Qualified	•		
0 Dissipat D	In a f Dunings	2a. Mailing Address			09/04/1981 4. FEI Number	An	plied For	ŀ
— ·	lace of Business	2a. Mailing Address			41-0957894	<u> </u>	t Applicable	١
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75		
22	***	27			5. Certificate of Status Desired	Fee Re	quired	ļ
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be	,
23		28			Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip	Countr	у	8. This corporation owes the current ye			
24	25		30		Personal Property Tax.	☐ Yes	□No □	
	9. Name and Address of Current	Registered Agent	8	1 Name	10. Name and Address of New Regis	tered Agent		
רד ר	CORPORATION SYSTEM		°	Name				
	S. PINE ISLAND ROAD		82	Street Addi	ress (P.O. Box Number is Not Acceptable)			
	NTATION FL 33324		8:	3				
	17/110111 2 00021		"	1				
			84	4 City		FI 85 Zip (Code	•
agent. I ai SIGNATURE	m familiar with, and accept the obligati	ons or, Section 607.0505, Flori	oa Statute	s.	poration submits this statement for the purpon's board of directors. I hereby accept the		registered gistered	
agent. I ai	m familiar with, and accept the obligate	and title if applicable. (NOTE:	Registered Ag	s.	ed when reinstating)	ATE		100
agent. I all SIGNATURE	m familiar with, and accept the obligation of the state o	and title if applicable. (NOTE:	Registered Age	s.		ATE		11(00)
agent. I all SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered Ag	s.	ed when reinstating)	ATE RS AND DIRECTO	DRS IN 12	74 (44 (00)
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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 AND TYPED OF PRINTED