


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

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

04-20-1999 90218 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 850283

1. Corporation Name
HENKEL CORPORATION



Principal Place of Business THE TRIAD #200, 2200 RENAISSANCE BLVD. GULPH MILLS PA 19406	Mailing Address 2200 RENAISSANCE BLVD. THE TRIAD, STE. 200 KING OF PRUSSIA PA 19406-2755 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/04/1981	4. FEI Number 41-0957894	Applied For Not Applicable
21	26			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22	27			
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23	28			
Zip Country	Zip Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24	25	29	30	

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		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 _____
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12'	
TITLE	VS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SZOKE, ERNEST G.	1.2 NAME	
STREET ADDRESS	2200 RENAISSANCE BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	GULPH MILLS PA	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIPKA, JAMES E	2.2 NAME	
STREET ADDRESS	2200 RENAISSANCE BLVD SUITE 200	2.3 STREET ADDRESS	
CITY-ST-ZIP	GULPH MILLS PA	2.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WULFF, HARALD P	3.2 NAME	
STREET ADDRESS	HENKELSTRASSE 67	3.3 STREET ADDRESS	
CITY-ST-ZIP	D-40191 DUSSELDORF GE	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNUDSON, JOHN E.	4.2 NAME	
STREET ADDRESS	2200 RENAISSANCE BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GULPH MILLS PA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIRCHILD, URSULA	5.2 NAME	
STREET ADDRESS	6126 AVENIDA CRESTA	5.3 STREET ADDRESS	
CITY-ST-ZIP	LA JOLLA CA 92037	5.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETZ, ROBERT T.	6.2 NAME	
STREET ADDRESS	5051 ESTECREEK	6.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	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 REQUIRED *[Signature]* Date: 4/14/99 Daytime Phone #: 610-270-8100

CR2E034 (1/1/98)