

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F9200000533 (1)

1. Corporation Name

Ameripol Synpol Corporation

Principal Place of Business: 1215 Main Street, Port Neches, TX 77651  
Mailing Address: P. O. Box 667, Port Neches, TX 77651

3. Date Incorporated or Qualified: 12/07/92  
3a. Date of Last Report: 04/28/95

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: 76-0384155  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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

Signature type for profit (mark if not applicable) (Date Registered Agent assumes office) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD NAME: Parekh, Mahendra STREET ADDRESS: 210 Summit Avenue CITY-ST-ZIP: Montvale, NJ 07645	<input type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: Blasi, Gregory J STREET ADDRESS: 605 Third Avenue CITY-ST-ZIP: New York, NY 10158	<input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VCOO NAME: Spence, William D STREET ADDRESS: 1215 Main Street CITY-ST-ZIP: Port Neches, TX	<input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VS NAME: Henn, Joseph C STREET ADDRESS: 146 South High Street CITY-ST-ZIP: Akron, OH	<input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VO NAME: LeBlanc, James E STREET ADDRESS: 1215 Main Street CITY-ST-ZIP: Port Neches, TX	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: CAS NAME: Beskow, C Randall STREET ADDRESS: 1215 Main Street CITY-ST-ZIP: Port Neches, TX	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition

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\*\*\*210.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: C.R. Beskow  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96  
Date

(409)-724-8852  
Division Phone

CR2E034 (12/95)