

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

FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F92000000716 (2)
 1. Corporation Name
ICI AMERICAS INC.



Principal Place of Business CONCORD PLAZA 3411 SILVERSIDE RD. P.O. BOX 15391 WILMINGTON DE 19850	Mailing Address CONCORD PLAZA 3411 SILVERSIDE RD. P.O. BOX 15391 WILMINGTON DE 19850-5391
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/15/1992	3a. Date of Last Report 04/26/1996
21	22	23	24	25	26
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 51-0300634	Applied For <input type="checkbox"/> Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 8751 W. BROWARD BLVD. PLANTATION FL 33324				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANZEISEN, JOHN R	1.2 NAME	
STREET ADDRESS	3411 SILVERSIDE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE 19850	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENT, RIEGEL J	2.2 NAME	
STREET ADDRESS	3411 SILVERSIDE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE 19850	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLES, JAMES A	3.2 NAME	V
STREET ADDRESS	3411 SILVERSIDE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMILLIAN, ROSS H	4.2 NAME	
STREET ADDRESS	3411 SILVERSIDE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE	4.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GADSBY, ROBIN E	5.2 NAME	VD
STREET ADDRESS	3411 SILVERSIDE RD.	5.3 STREET ADDRESS	DAVIDSON, DAVID O.
CITY-ST-ZIP	WILMINGTON DE 19850	5.4 CITY-ST-ZIP	3411 SILVERSIDE RD.
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, JOHN P	6.2 NAME	
STREET ADDRESS	3411 SILVERSIDE RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *[Signature]* **S. S. Curran, Secretary** 4/11/97 302/887-3073

CR2E034 (9/96)