

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

**FILED**  
**May 11 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F92000000716 (2)**  
 1. Corporation Name  
**ICI AMERICAS INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>CONCORD PLAZA                  3411 SILVERSIDE RD. P.O. BOX 15391                  WILMINGTON DE 19850</b>	Mailing Address <b>CONCORD PLAZA                  3411 SILVERSIDE RD. P.O. BOX 15391                  WILMINGTON DE 19850</b>
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3. Date Incorporated or Qualified <b>12/15/1992</b>	
4. FEI Number <b>51-0300634</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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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

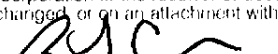
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 85 Zip Code

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	<b>CD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DANZEISEN, JOHN R</b>	1.2 NAME	
STREET ADDRESS	<b>3411 SILVERSIDE RD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WILMINGTON DE 19850</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENT, RIEGEL J</b>	2.2 NAME	
STREET ADDRESS	<b>3411 SILVERSIDE RD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WILMINGTON DE 19850</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLES, JAMES A</b>	3.2 NAME	
STREET ADDRESS	<b>3411 SILVERSIDE RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WILMINGTON DE</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCMILLIAN, ROSS H</b>	4.2 NAME	
STREET ADDRESS	<b>3411 SILVERSIDE ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WILMINGTON DE</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DAVIDSON, DAVID O.</b>	5.2 NAME	<b>JOHNSON, PETER W.</b>
STREET ADDRESS	<b>3411 SILVERSIDE RD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WILMINGTON DE</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LYNCH, JOHN P</b>	6.2 NAME	<b>ROSS, GORDON L.</b>
STREET ADDRESS	<b>3411 SILVERSIDE RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WILMINGTON DE</b>	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.


**R. S. Green, Secretary**      4/15/98      302-887-3073

CR2E034 (10/97)

**ICI AMERICAS INC.  
DOCUMENT #F92000000716 (2)**

**ADDITIONAL OFFICERS AND DIRECTORS**

**S  
CURRAN, BARBARA S.  
3411 Silverside Road  
Wilmington, DE**

**VD  
PETERS, BRUCE G.  
3411 Silverside Road  
Wilmington, DE**

**D  
COLLINGWOOD, JOHN A.  
3411 Silverside Road  
Wilmington, DE**

**D  
TAYLOR, DAVID P.  
3411 Silverside Road  
Wilmington, DE**