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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Candra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000003026 (2)**

1. Corporation Name
ICI ACRYLICS INC.

Principal Place of Business

**ICI ACRYLICS INC
10091 MANCHESTER LN
ST LOUIS MO 63039
US**

Mailing Address

**ICI ACRYLICS INC
10091 MANCHESTER LN
ST LOUIS MO 63038
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/30/1993** 3a. Date of Last Report **04/22/1994**

4. FEI Number **43-0625543** Applied For Not Applicable

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. 109.032, Florida Statutes Yes No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 **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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CO
NAME	DRECHSLER, PAUL J.
STREET ADDRESS	CONCORD PIKE & NEW MURPHY ROAD
CITY-ST-ZIP	WILMINGTON DE
TITLE	PO
NAME	WARD, RICHARD J
STREET ADDRESS	10091 MANCHESTER RD
CITY-ST-ZIP	ST LOUIS MO 63122
TITLE	S
NAME	CURRAN, BARBARA S
STREET ADDRESS	CONCORD PIKE & NEW MURPHY ROAD
CITY-ST-ZIP	WILMINGTON DE 19097
TITLE	V
NAME	BONNER, GRAHAM C
STREET ADDRESS	CONCORD PIKE & NEW MURPHY ROAD
CITY-ST-ZIP	WILMINGTON DE 19897
TITLE	ATC
NAME	GAINEY, RICHARD G.
STREET ADDRESS	10145 MORGAN RIDGE DR
CITY-ST-ZIP	AFFTON MO
TITLE	T
NAME	SCHUEFTAN, NORMAN
STREET ADDRESS	CONCORD PIKE & NEW MURPHY ROAD
CITY-ST-ZIP	WILMINGTON DE 19897

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Name misspelled
5.3 STREET ADDRESS	Ganey, Richard G.
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(3)(b), 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:

Richard G. Ganoy

Richard G. Ganoy

3-15-95

314-966-3111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Number)