

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 # **F93000003026 (2)**

1. Corporation Name
ICI ACRYLICS INC.



Principal Place of Business ICI ACRYLICS INC. 10091 MANCHESTER LN ST LOUIS MO 63038 US	Mailing Address ICI ACRYLICS INC. 10825 WATSON ROAD- SECOND FLOOR ST. LOUIS MO 63127
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3. Date Incorporated or Qualified 06/30/1993	3a. Date of Last Report 03/22/1995
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 43-0625543	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		6. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	paid 3-96

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 85 Zip Code FL
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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD <input checked="" type="checkbox"/> DELETE	NAME DRECHSLER, PAUL J.	1.1 TITLE Chairman & CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CONCORD PIKE & NEW MURPHY ROAD	CITY-ST-ZIP WILMINGTON DE	1.2 NAME ROSS H. MC MILLAN	
		1.3 STREET ADDRESS 2665 FITE RD.	
		1.4 CITY-ST-ZIP MEMPHIS TN 38127	
TITLE PD <input checked="" type="checkbox"/> DELETE	NAME WARD, RICHARD J	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 10091 MANCHESTER RD	CITY-ST-ZIP ST LOUIS MO 63122	2.2 NAME not replaced	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE S <input type="checkbox"/> DELETE	NAME CURRAN, BARBARA S	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CONCORD PIKE & NEW MURPHY ROAD	CITY-ST-ZIP WILMINGTON DE 19897	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE V <input checked="" type="checkbox"/> DELETE	NAME BONNER, GRAHAM C	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CONCORD PIKE & NEW MURPHY ROAD	CITY-ST-ZIP WILMINGTON DE 19897	4.2 NAME ANNIE S. VEERMAN	
		4.3 STREET ADDRESS 2665 FITE RD.	
		4.4 CITY-ST-ZIP MEMPHIS TN 38127	
TITLE ATC <input type="checkbox"/> DELETE	NAME GANEY, RICHARD G.	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 10145 MORGAN RIDGE DR	CITY-ST-ZIP AFFTON MO	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE T <input type="checkbox"/> DELETE	NAME SCHUEFTAN, NORMAN	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CONCORD PIKE & NEW MURPHY ROAD	CITY-ST-ZIP WILMINGTON DE 19897	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 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: Richard G. Ganey ATC 4-17-96 314-984-6607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)