

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

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

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000003026 (2)**  
 1. Corporation Name  
**ICI ACRYLICS INC.**



Principal Place of Business <b>AMERICAS OPERATIONS &amp; RESEARCH CENTER</b> <b>7275 GOODLETT'S FARM PARKWAY</b> <b>CORDOVA TN 38018</b> <b>US</b>	Mailing Address <b>ICI ACRYLICS INC.</b> <b>10825 WATSON ROAD- SECOND FLOOR</b> <b>ST. LOUIS MO 63127</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	26	22	27
Suite, Apt. #, etc.	Suite, Apt. #, etc.	City & State	City & State
23	28	24	29
Zip	Country	Zip	Country
25	30		

3. Date Incorporated or Qualified <b>06/30/1993</b>
4. FEI Number <b>43-0625543</b>
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 checked="" type="checkbox"/> No

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CCO</b>	1.2 NAME	
STREET ADDRESS	<b>MC MILLAN, ROSS H</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>7275 GOODLETT FARMS PKWY</b>	1.4 CITY-ST-ZIP	
	<b>CORDOVA TN 38018</b>		
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S</b>	2.2 NAME	
STREET ADDRESS	<b>CURRAN, BARBARA S</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CONCORD PIKE &amp; NEW MURPHY ROAD</b>	2.4 CITY-ST-ZIP	
	<b>WILMINGTON DE 19897</b>		
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>V</b>	3.2 NAME	<b>DENNIS M. FINK</b>
STREET ADDRESS	<b>VEERMAN, ANNIE S</b>	3.3 STREET ADDRESS	<b>7275 GOODLETT FARMS PKWY</b>
CITY-ST-ZIP	<b>7275 GOODLETT FARMS PKWY</b>	3.4 CITY-ST-ZIP	<b>CORDOVA, TN 38018</b>
	<b>CORDOVA TN 38018</b>		
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ATC</b>	4.2 NAME	
STREET ADDRESS	<b>GANEY, RICHARD G.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>7275 GOODLETT FARMS PKWY</b>	4.4 CITY-ST-ZIP	
	<b>CORDOVA TN 38018</b>		
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T</b>	5.2 NAME	
STREET ADDRESS	<b>BLACK, THOMAS W</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CONCORD PIKE &amp; NEW MURPHY ROAD</b>	5.4 CITY-ST-ZIP	
	<b>WILMINGTON DE 19897</b>		
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *[Signature]* 04/28/98 (901) 281-2238

CR2E034 (10/97)