

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90246 022 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F93000003026**

1. Corporation Name  
**ICI ACRYLICS INC.**



Principal Place of Business  
**AMERICAS OPERATIONS & RESEARCH CENTER**  
**7275 GOODLETTS FARM PARKWAY**  
**CORDOVA TN 38018**  
**US**

Mailing Address  
**ICI ACRYLICS INC.**  
**10825 WATSON ROAD- SECOND FLOOR**  
**ST. LOUIS MO 63127**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/30/1993**

4. FEI Number  
**43-0625543**

Applied For  
 Not Applicable

2. Principal Place of Business  
 21  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23  
 Zip Country  
 24 25

2a. Mailing Address  
 26  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28  
 Zip Country  
 29 30

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 owes the current year Intangible Personal Property Tax.  Yes  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 **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 \_\_\_\_\_ 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	<b>CCO</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCMILLAN, ROSS H</b>	1.2 NAME	
STREET ADDRESS	<b>7275 GOODLETT FARMS PKWY</b>	1.3 STREET ADDRESS	<b>SEE ATTACHED</b>
CITY-ST-ZIP	<b>CORDOVA TN 38018</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CURRAN, BARBARA S</b>	2.2 NAME	
STREET ADDRESS	<b>CONCORD PIKE &amp; NEW MURPHY ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WILMINGTON DE 19897</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>FINK, DENNIS M</b>	3.2 NAME	
STREET ADDRESS	<b>7275 GOODLETT FARMS PKWY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORDOVA TN 38018</b>	3.4 CITY-ST-ZIP	
TITLE	<b>ATC</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GANEY, RICHARD G.</b>	4.2 NAME	
STREET ADDRESS	<b>7275 GOODLETT FARMS PKWY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORDOVA TN 38018</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLACK, THOMAS W</b>	5.2 NAME	
STREET ADDRESS	<b>CONCORD PIKE &amp; NEW MURPHY ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WILMINGTON DE 19897</b>	5.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: *Richard S. Ganey* **REQUIRED** Date: **4/21/99** Daytime Phone #: **901-381-2238**

CR2E034 (1/98)

ICI ACRYLICS INC.

DIRECTORS

538124-90246-22  
# F93000003026

Ross H. McMillan	7275 Goodlett Farms Parkway	Cordova, TN 38018-4909
Andy V. Ananthakrishnan	c/o ICI Americas Inc.	Wilmington, DE 19850*
William J. Hutchinson	c/o ICI Americas Inc.	Wilmington, DE 19850*
Dennis M. Fink	7275 Goodlett Farms Parkway	Cordova, TN 38018-4909

OFFICERS

Ross H. McMillan	Chairman, President & CEO	7275 Goodlett Farms Parkway Cordova, TN 38018-4909
Dennis M. Fink	Vice President, Finance	7275 Goodlett Farms Parkway Cordova, TN 38018-4909
Thomas W. Black	Treasurer	c/o ICI Americas Inc. Wilmington, DE 19850*
Richard G. Ganey	Assistant Treasurer/ Controller	10825 Watson Road St. Louis, MO 63127
Barbara S. Curran	Secretary	c/o ICI Americas Inc. Wilmington, DE 19850*
William J. Hutchinson	Assistant Secretary	c/o ICI Americas Inc. Wilmington, DE 19850*
John M. Sheehan	Assistant Secretary	c/o ICI Americas Inc. Wilmington, DE 19850*
Elizabeth A. Mills	Assistant Secretary	7275 Goodlett Farms Parkway Cordova, TN 38018-4909
Thomas A. Finlan	Assistant Treasurer	c/o ICI Americas Inc. Wilmington, DE 19850*

\*complete address is: Concord Plaza  
3411 Silverside Road  
Wilmington, DE 19810