

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Murtham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02747 (4)**

1. Corporation Name
AKZO NOBEL COATINGS INC.



Principal Place of Business: **C/O AKZO COATINGS INC. 4730 CRITTENDEN DR LOUISVILLE KY 40209 US**
Mailing Address: **C/O AKZO NOBEL INC. TAX DEPT 300 S RIVERSIDE PLAZA CHICAGO IL 60606 US**

3. Date Incorporated or Qualified: **07/18/1984** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **23-2127291** 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. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	VAN KARNEBEEK, HERMAN	
STREET ADDRESS	BEETHOVENLAAN 27	
CITY-ST-ZIP	1217 CH HILVERSUM TH	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	TOBA, ROBERT J.	
STREET ADDRESS	1905 ARNOLD PALMER BLVD	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	FULK, GARY L	
STREET ADDRESS	P O BOX 11108	
CITY-ST-ZIP	HIGH POINT NC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COLARO, PETER	
STREET ADDRESS	41825 ALDENDR	
CITY-ST-ZIP	CLINTON TOWNSHIP MI	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	VAUGHN, PATRICK L.	
STREET ADDRESS	163 RIDGEWOOD DR	
CITY-ST-ZIP	PEE WEE VALLEY KY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WEISS, WILLIAM D	
STREET ADDRESS	301 EAST 94TH STREET, APT 318	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	VAN KARNEBEEK, HERMAN	
13 STREET ADDRESS	BEETHOVENLAAN 27	
14 CITY-ST-ZIP	1217 CH HILVERSUM, THE NETHERLANDS	
21 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	TORBA, ROBERT J.	
23 STREET ADDRESS	1905 ARNOLD PALMER BLVD	
24 CITY-ST-ZIP	LOUISVILLE, KY 40245	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	SCOLARO, PETER	
43 STREET ADDRESS	1413 PEBBLE RIDGE DRIVE	
44 CITY-ST-ZIP	ROCHESTER, MI 48307	
51 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	VAUGHN, PATRICK L.	
53 STREET ADDRESS	163 RIDGEWOOD DRIVE	
54 CITY-ST-ZIP	PEEWEE VALLEY, KY 40056	
61 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	WEISS, WILLIAM D.	
63 STREET ADDRESS	301 EAST 94TH STREET, APT 318	
64 CITY-ST-ZIP	NEW YORK, NY 10128	

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-VS-96

CR2E034 (12/95)