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**Apr 29 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 60608-6613 US**

3. Date Incorporated or Qualified: **07/18/1984** 3a. Date of Last Report: **05/01/1996**
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: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent:
**CT CORPORATION SYSTEM
1200 S. 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**

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 re-appointing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	VAN KARNEBEEK, HERMAN	1.1 TITLE: PD	VAN KARNEBEEK, HERMAN
NAME: BEETHOVENLAAN 27		1.2 NAME: BEETHOVENLAAN 27, 1217 CH HILVERSUM	
STREET ADDRESS: 1217 CH HILVERSUM TH		1.3 STREET ADDRESS: THE NETHERLANDS	
CITY-STATE-ZIP: _____		1.4 CITY-STATE-ZIP: _____	
TITLE: EVP	TOBA, ROBERT J.	2.1 TITLE: VP	TORBA, ROBERT J.
NAME: 1905 ARNOLD PALMER BLVD		2.2 NAME: 1905 ARNOLD PALMER BLVD	
STREET ADDRESS: LOUISVILLE KY		2.3 STREET ADDRESS: LOUISVILLE, KY 40245	
CITY-STATE-ZIP: _____		2.4 CITY-STATE-ZIP: _____	
TITLE: S	WEISS, WILLIAM D.	3.1 TITLE: S	WEISS, WILLIAM O.
NAME: 301 EAST 94TH ST., APT. 31B		3.2 NAME: 11 EVERGREEN ROW	
STREET ADDRESS: NEW YORK NY		3.3 STREET ADDRESS: ARMONK, NY 10504	
CITY-STATE-ZIP: _____		3.4 CITY-STATE-ZIP: _____	
TITLE: VP	SCOLARO, PETER	4.1 TITLE: VP	SCOLARO, PETER
NAME: 1413 PEBBLE RIDGE DRIVE		4.2 NAME: 1413 PEBBLE RIDGE DRIVE	
STREET ADDRESS: ROCHESTER MI		4.3 STREET ADDRESS: ROCHESTER, MI 48307	
CITY-STATE-ZIP: _____		4.4 CITY-STATE-ZIP: _____	
TITLE: VPT	VAUGHN, PATRICK L.	5.1 TITLE: ASSISTANT SECRETARY	NELSON, NATASHA
NAME: 183 RIDGEWOOD DR		5.2 NAME: 4 MALLARD RUN	
STREET ADDRESS: PEE WEE VALLEY KY		5.3 STREET ADDRESS: UPPER SADDLE, NJ 07458	
CITY-STATE-ZIP: _____		5.4 CITY-STATE-ZIP: _____	
TITLE: S	WEISS, WILLIAM D	6.1 TITLE: D	GOLD, PETER S.
NAME: 301 EAST 94TH STREET, APT 31B		6.2 NAME: 17 MANITOU ROAD	
STREET ADDRESS: NEW YORK NY		6.3 STREET ADDRESS: WESTPORT, CT 06880	
CITY-STATE-ZIP: _____		6.4 CITY-STATE-ZIP: _____	

14. I do 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: **William O. Weiss** 4/3/97 914-671-5191

CR2E034 (9/96)