

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P06543** (3)
1. Corporation Name
E/M LUBRICANTS, INC.



Principal Place of Business
**2801 KENT AVE
PO BOX 2400
WEST LAFAYETTE IN 47906**

Mailing Address
**2801 KENT AVE
PO BOX 2400
WEST LAFAYETTE IN 47906**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/25/1985	3a. Date of Last Report 05/01/1995
21	26	4. FEI Number 94-1581540	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
24	25	29	30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 607.1503, 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

Signature typed or printed name of registered agent and that of applicant

Signature typed or printed name of registered agent and that of applicant

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HORWEDEL, LOWELL C. HIGHWAY 52 N.W. WEST LAFAYETTE IN	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	2801 Kent Ave
CITY-ST-ZIP		1.4 CITY-ST-ZIP	West Lafayette, IN 47906
TITLE	V GRESHAM, ROBERT M. HIGHWAY 52 N.W. WEST LAFAYETTE IN	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	2801 Kent Ave
CITY-ST-ZIP		2.4 CITY-ST-ZIP	West Lafayette, IN 47906
TITLE	S HEINE, DONALD L. 2801 KENT AVE W LAFAYETTE IN	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	T
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V BARLOW, NATHAN B. HIGHWAY 52 N.W. WEST LAFAYETTE IN	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	2801 Kent Ave
CITY-ST-ZIP		4.4 CITY-ST-ZIP	West Lafayette, IN 47906
TITLE	D KAMPEN, EMERSON HIGHWAY 52 N.W. WEST LAFAYETTE IN	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	DC
STREET ADDRESS		5.3 STREET ADDRESS	Robert B. McDonald
CITY-ST-ZIP		5.4 CITY-ST-ZIP	One Great Lakes Blvd.
TITLE	V WEIBLE, ROBERT 6940 FARMDALE AVE N. HOLLYWOOD CA	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	91605

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald L Heine 5/1/96 317-497-6342

Capital Finance

CR2E034 (12/95)