

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
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**

3. Date Incorporated or Qualified: **06/25/1985**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **94-1581540**  
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 (21-23) and Mailing Address (24-26) details including Suite, Apt. #, etc., City & State, Zip, and Country.

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 (81-85) details including Name, Street Address, City, and 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: PD	NAME: HORWEDEL, LOWELL C. STREET ADDRESS: HIGHWAY 52 N.W. CITY-ST-ZIP: WEST LAFAYETTE IN
TITLE: V	NAME: GRESHAM, ROBERT M. STREET ADDRESS: HIGHWAY 52 N.W. CITY-ST-ZIP: WEST LAFAYETTE IN
TITLE: S	NAME: HEINE, DONALD L. STREET ADDRESS: 2801 KENT AVE CITY-ST-ZIP: W LAFAYETTE IN
TITLE: V	NAME: BARLOW, NATHAN B. STREET ADDRESS: HIGHWAY 52 N.W. CITY-ST-ZIP: WEST LAFAYETTE IN
TITLE: D	NAME: KAMPEN, EMERSON STREET ADDRESS: HIGHWAY 52 N.W. CITY-ST-ZIP: WEST LAFAYETTE IN
TITLE: V	NAME: WEIBLE, ROBERT STREET ADDRESS: 6940 FARMDALE AVE CITY-ST-ZIP: N. HOLLYWOOD CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME: <b>2801 Kent Ave West Lafayette, IN 47906</b>
2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME: <b>2801 Kent Ave West Lafayette, IN 47906</b>
3.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.2 NAME: <b>T</b>
4.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME: <b>2801 Kent Ave West Lafayette, IN 47906</b>
5.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	5.2 NAME: <b>DC Robert B. Mc Donald One Great Lakes Blvd. W. Lafayette, IN 47906</b>
6.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	6.2 NAME: <b>91605</b>

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: *Donald L Heine* **Donald L Heine 5/1/96 317-497-6342**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)