

**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 # P08530 (8)

1. Corporation Name  
DOWBRANDS INC.



Principal Place of Business: % LEGAL DEPARTMENT, 9550 ZIONSVILLE RD. (P.O. BOX 68511) INDIANAPOLIS IN 46268-0470  
Mailing Address: % LEGAL DEPARTMENT, 9550 ZIONSVILLE RD. (P.O. BOX 68511) INDIANAPOLIS IN 46268-0470

3. Date Incorporated or Qualified: 12/27/1985  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 38-2625941  
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 (21-24) and Mailing Address (2a-26) fields with sub-fields for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: C T CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION FL 33324  
10. Name and Address of New Registered Agent (81-85) fields for 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: \_\_\_\_\_  
(NOTE: Registered Agent's signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President
NAME	SHOBE, L A	1.2 NAME	McLain, M. A.
STREET ADDRESS	9550 ZIONSVILLE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	ROWE, KW	2.2 NAME	
STREET ADDRESS	9550 ZIONSVILLE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	HOLTHOUSE, J F	3.2 NAME	
STREET ADDRESS	9550 ZIONSVILLE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	WALES, W W	4.2 NAME	
STREET ADDRESS	9550 ZIONSVILLE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	WILLENCY, RA	5.2 NAME	
STREET ADDRESS	9550 ZIONSVILLE RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	
NAME	HAHN, CJ	6.2 NAME	
STREET ADDRESS	2030 WILLARD H DOW CTR	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIDLAND MI	6.4 CITY-ST-ZIP	

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: *Charles J. Hahn* C. J. Hahn, Asst Secretary 4/26/96 517-636-1270  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)