

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 # **P24195 (0)**

1. Corporation Name
KUEHNE CHEMICAL COMPANY, INC.



Principal Place of Business: **86 HACKENSACK AVE. KEARNY NJ 07032**
Mailing Address: **86 HACKENSACK AVE. KEARNY NJ 07032**

3. Date Incorporated or Qualified: **05/09/1989**
3a. Date of Last Report: **02/10/1995**
4. FEI Number: **22-1814774**
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 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 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

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: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KUEHNE, PETER R.	
STREET ADDRESS	HC 63 BOX 5043 N/A	
CITY-ST-ZIP	CARRABELLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GOETZEL, ROGER	
STREET ADDRESS	1031 CAPE CORAL PKWY 210	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HUNNMAN, BOYD	
STREET ADDRESS	128 MALI DRIVE	
CITY-ST-ZIP	NORTH PLAINFIELD NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARTON, CHARLES T	
STREET ADDRESS	8 HEATHCLIFF RD	
CITY-ST-ZIP	RUMSON NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHAAK, PHILIP C.	
STREET ADDRESS	651 VALLEY ROAD	
CITY-ST-ZIP	BRIELLE NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCORMICK, FRANCIS X.	
STREET ADDRESS	18 MARVIN COURT	
CITY-ST-ZIP	LAWRENCEVILLE NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	McCormick, Francis X.
63 STREET ADDRESS	342 Mariner Drive
64 CITY-ST-ZIP	Tarpon Springs, FL 34869

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 or person 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 addendum.

SIGNATURE: *Boyd Hunnaman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Boyd Hunnaman-Secretary (201)589-0700

CR2E034 (12/95)