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Jan 21 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 # 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 07032-4620

3. Date Incorporated or Qualified: 05/09/1989
3a. Date of Last Report: 04/05/1996
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

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: Signature typed or printed name of registered agent, and the if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
1. TITLE: PD, NAME: KUEHNE, PETER R., STREET ADDRESS: HC 63 BOX 5043 N/A, CITY-STATE-ZIP: CARRABELLE FL
2. TITLE: VD, NAME: GOETZEL, ROGER, STREET ADDRESS: 1031 CAPE CORAL PKWY 210, CITY-STATE-ZIP: CAPE CORAL FL
3. TITLE: S, NAME: HUNNMAN, BOYD, STREET ADDRESS: 128 MALI DRIVE, CITY-STATE-ZIP: NORTH PLAINFIELD NJ
4. TITLE: D, NAME: PARTON, CHARLES T, STREET ADDRESS: 8 HEATHCLIFF RD, CITY-STATE-ZIP: RUMSON NY
5. TITLE: D, NAME: SHAAK, PHILIP C., STREET ADDRESS: 851 VALLEY ROAD, CITY-STATE-ZIP: BRIELLE NJ
6. TITLE: D, NAME: MCCORMICK, FRANCIS X., STREET ADDRESS: 342 MARINER DRIVE, CITY-STATE-ZIP: TARPON SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-STATE-ZIP
2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-STATE-ZIP
3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-STATE-ZIP
4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-STATE-ZIP
5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-STATE-ZIP
6.1 TITLE, 6.2 NAME, 6.3 STREET ADDRESS, 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: BOYD HUNNAMAN - SECRETARY [Signature] 1/9/97 201-589-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)