

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P35333** (4)

1. Corporation Name
PVS CHEMICAL, INC. (ILLINOIS)



Principal Place of Business: **12260 S. CARONDOLET AVENUE CHICAGO IL 80633**
Mailing Address: **10900 HARPER AVENUE DETROIT MI 48213 US**

3. Date Incorporated or Qualified: **08/29/1991**
3a. Date of Last Report: **06/15/1995**

2. Principal Place of Business (21-24) and Mailing Address (2a-30) fields.

4. FEI Number: **31-1012305**
5. Certificate of Status Desired:
6. Election Campaign Financing Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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 (81-85) fields.

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DV	NAME: SCHLUMBERGER, ALLAN A.	1.1 TITLE:	
STREET ADDRESS: 10900 HARPER AVENUE	CITY-ST-ZIP: DETROIT MI	1.2 NAME:	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS:	
TITLE: P	NAME: PANOCK, JERROLD D.	1.4 CITY-ST-ZIP:	
STREET ADDRESS: 12260 S. CARONDOLET AVE	CITY-ST-ZIP: CHICAGO IL	2.1 TITLE:	President
	<input checked="" type="checkbox"/> DELETE	2.2 NAME:	William E. Decker
TITLE: T	NAME: SOSNOSKI, DONALD R.	2.3 STREET ADDRESS:	12260 S. Carondoleet Avenue
STREET ADDRESS: 10900 HARPER AVENUE	CITY-ST-ZIP: DETROIT MI	2.4 CITY-ST-ZIP:	Chicago, IL 60633
	<input type="checkbox"/> DELETE	3.1 TITLE:	
TITLE: AT	NAME: SMITH, JUDY	3.2 NAME:	
STREET ADDRESS: 10900 HARPER AVENUE	CITY-ST-ZIP: DETROIT MI	3.3 STREET ADDRESS:	
	<input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP:	
TITLE: S	NAME: HARRISON, DONALD G.	4.1 TITLE:	Assistant Treasurer
STREET ADDRESS: 400 RENAISSANCE CENTER	CITY-ST-ZIP: DETROIT MI	4.2 NAME:	Candee Sanders
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS:	10900 Harper Avenue
TITLE:	NAME:	4.4 CITY-ST-ZIP:	Detroit, MI 48213
STREET ADDRESS:		5.1 TITLE:	
CITY-ST-ZIP:		5.2 NAME:	
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS:	
TITLE:		5.4 CITY-ST-ZIP:	
NAME:		6.1 TITLE:	
STREET ADDRESS:		6.2 NAME:	
CITY-ST-ZIP:		6.3 STREET ADDRESS:	
	<input type="checkbox"/> DELETE	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: *Candee Sanders* Candee Sanders 4-29-96 (313) 921-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)