

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 849236 (5)  
1. Corporation Name  
ENGELHARD CORPORATION

Principal Place of Business 101 WOOD AVE ISELIN NJ 08830	Mailing Address 101 WOOD AVE ISELIN NJ 08830
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DO NOT WRITE IN THIS SPACE

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		3. Date Incorporated or Qualified 05/26/1981	4. FEI Number 22-1586002	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees

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	
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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	CC	NAME	SMITH, O.R.	1.1 TITLE		1.2 NAME	
STREET ADDRESS	101 WOOD AVE	CITY-ST-ZIP	ISELIN NJ	1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
TITLE	D	NAME	ANTONINI, MARION H	2.1 TITLE		2.2 NAME	
STREET ADDRESS	101 WOOD AVENUE	CITY-ST-ZIP	ISELIN NJ	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
TITLE	VS	NAME	DORNBUSCH II, A.A.	3.1 TITLE		3.2 NAME	
STREET ADDRESS	101 WOOD AVE	CITY-ST-ZIP	ISELIN NJ	3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE	VP	NAME	NETTLES, WILLIAM E	4.1 TITLE		4.2 NAME	
STREET ADDRESS	101 WOOD AVENUE	CITY-ST-ZIP	ISELIN NJ	4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
TITLE	T	NAME	SPERDUTO, MICHAEL A	5.1 TITLE		5.2 NAME	
STREET ADDRESS	101 WOOD AVE	CITY-ST-ZIP	ISELIN NJ 08830	5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
TITLE	D	NAME	SLACK, H.R.	6.1 TITLE		6.2 NAME	
STREET ADDRESS	101 WOOD AVE	CITY-ST-ZIP	ISELIN NJ	6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	

14. I 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.

CR2E034 (10/97)