

**ANNUAL REPORT
1995**

Division of Corporations
Secretary of State

FILED

95 APR 28 AM 10:17
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 125769 (0)

1. Corporation Name
THE SOUTHERN RESIN & CHEMICAL COMPANY

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
100 S INDEPENDENCE MALL WEST 100 S INDEPENDENCE MALL WEST
PHILADELPHIA PA 19106 PHILADELPHIA PA 19106

3. Date Incorporated or Qualified 3a. Date of Last Report
01/21/1932 **05/01/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 100 INDEPENDENCE MALL WEST		26 100 INDEPENDENCE MALL WEST		59-0458060		Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
23 City & State PHILADELPHIA, PA		28 City & State PHILADELPHIA, PA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 Zip 19106		25 Country		B. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
29 Zip 19106		30 Country					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARMER, S J	1.2 NAME	
STREET ADDRESS	100 INDEPENDENCE MALL WEST	1.3 STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA PA	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANOFF, G.P.	2.2 NAME	
STREET ADDRESS	100 INDEPENDENCE MALL WEST	2.3 STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA PA	2.4 CITY - ST - ZIP	
TITLE	DP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAFFER, FRED W.	3.2 NAME	
STREET ADDRESS	100 INDEPENDENCE MALL WEST	3.3 STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA PA	3.4 CITY - ST - ZIP	
TITLE	DC	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERSELKAMP, H A	4.2 NAME	
STREET ADDRESS	100 INDEPENDENCE MALL WEST	4.3 STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA PA	4.4 CITY - ST - ZIP	
TITLE	DVT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, A F	5.2 NAME	
STREET ADDRESS	100 INDEPENDENCE MALL WEST	5.3 STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA PA	5.4 CITY - ST - ZIP	
TITLE	AT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORTHINGTON, R F	6.2 NAME	
STREET ADDRESS	100 INDEPENDENCE MALL WEST	6.3 STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA PA	6.4 CITY - ST - ZIP	

D/C
MACPHEE, T. D.
100 INDEPENDENCE MALL WEST
PHILADELPHIA PA 19106

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 116.07(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: S. J. HARMER 4/24/95 (215) 592-2884
SIGNATURE AND FULL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number