

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 125769

1. Corporation Name
The Southern Resin + Chemical Company

Principal Place of Business
100 Independence Mall West Philadelphia, PA 19106

Mailing Address
100 Independence Mall West Philadelphia, PA 19106

2. Principal Place of Business
21 *100 Independence Mall West*

2a. Mailing Address
26 *100 Independence Mall West*

22 City & State
23 *Philadelphia, PA*

27 City & State
28 *Philadelphia, PA*

24 Zip
29 *19106*

25 Country
30 Country

3. Date Incorporated or Qualified
01/21/1932

3a. Date of Last Report
5/01/95

4. FEI Number
59-0458060

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
*CT Corporation System
1200 S. Pine Island Rd.
Plantation, FL 33324*

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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 _____ DATE _____
(NOTE: Registered Agent signature required when filed.)

12. OFFICERS AND DIRECTORS

TITLE	AS	<input type="checkbox"/> DELETE
NAME	Harner, S.J.	
STREET ADDRESS	100 Independence Mall West	
CITY-ST-ZIP	Phila, PA 19106	
TITLE	S	<input type="checkbox"/> DELETE
NAME	Granoff, G.P.	
STREET ADDRESS	100 Independence Mall West	
CITY-ST-ZIP	Phila, PA 19106	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	Shaffer, Fred W.	
STREET ADDRESS	100 Independence Mall West	
CITY-ST-ZIP	Phila, PA 19106	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	MACPhee, T.D.	
STREET ADDRESS	100 Independence Mall West	
CITY-ST-ZIP	Phila, PA 19106	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	Smith, A.F.	
STREET ADDRESS	100 Independence Mall West	
CITY-ST-ZIP	Phila, PA 19106	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	Werthington, R.F.	
STREET ADDRESS	100 Independence Mall West	
CITY-ST-ZIP	Phila, PA 19106	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. TITLE	
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE	
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. TITLE	
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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***200.00

SJH
4-29-96

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: *S.J. Harner* 4/15/96 (215) 592-2884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)