

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

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 125769
1. Corporation Name
The SOUTHERN RESIN & CHEMICAL Co.

Principal Place of Business Mailing Address
100 INDEPENDENCE MALL WEST
PHILADELPHIA, PA 19106-2399

2. Principal Place of Business 2a. Mailing Address
21 100 INDEPENDENCE MALL WEST (SAME)
Suite, Apt. #, etc. WEST Suite, Apt. #, etc.
22 City & State 27 City & State
23 PHILADELPHIA 28
Zip PA 25 USA 29 Zip 30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/21/32

4. FEI Number 59-0458060 Applied For Not Applicable

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 owes or has paid the current year Intangible Personal Property Tax due June 30 Yes No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0542 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 and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature of Current Registered Agent) _____ (Signature of Registered Agent, required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD MACPHEE	12 NAME	
STREET ADDRESS	100 INDEPENDENCE MALL WEST	13 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA, PA 19106	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FW SHAFFER	22 NAME	
STREET ADDRESS	100 INDEPENDENCE MALL WEST	23 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA, PA 19106	24 CITY-ST-ZIP	
TITLE	VP/IT	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WC ANDREWS	32 NAME	
STREET ADDRESS	100 INDEPENDENCE MALL WEST	33 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19106	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAIL P. GRANOFF	42 NAME	
STREET ADDRESS	100 INDEPENDENCE MALL WEST	43 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19106	44 CITY-ST-ZIP	
TITLE	ASS'T S	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SJ HARMER	52 NAME	
STREET ADDRESS	100 INDEPENDENCE MALL WEST	53 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA, PA 19106	54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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***150.00

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.

SIGNATURE:  S.J. HARMER 4/13/98 215-592-
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dynamic Phone #

CR2E034 (10/97)