

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 125769

1. Corporation Name

THE SOUTHERN RESIN & CHEMICAL COMPANY

Principal Place of Business

100 S INDEPENDENCE MALL WEST
PHILADELPHIA PA 19106-2399

Mailing Address

100 S INDEPENDENCE MALL WEST
PHILADELPHIA PA 19106-2399

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90098 001 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1932

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 100 INDEPENDENCE MALL W

Suite, Apt. #, etc.

22 City & State

23 PHILADELPHIA

24 Zip

PA 19106

25 Country

USA

2a. Mailing Address

26 (SAME)

Suite, Apt. #, etc.

27 City & State

28 PHILADELPHIA

29 Zip

PA 19106

30 Country

USA

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VT ☐ DELETE

NAME ANDREWS, W.C.
STREET ADDRESS 100 INDEPENDENCE MALL WEST
CITY-ST-ZIP PHILADELPHIA PA 19106

TITLE S ☐ DELETE

NAME GRANOFF, G.P.
STREET ADDRESS 100 INDEPENDENCE MALL WEST
CITY-ST-ZIP PHILADELPHIA PA

TITLE P ☐ DELETE

NAME BELL, BJ
STREET ADDRESS 100 INDEPENDENCE MALL WEST
CITY-ST-ZIP PHILADELPHIA PA 19106

TITLE C ☐ DELETE

NAME MACPHEE, T.D.
STREET ADDRESS 100 INDEPENDENCE MALL WEST
CITY-ST-ZIP PHILADELPHIA PA 19106

TITLE AS ☐ DELETE

NAME HARMER, STANLEY J
STREET ADDRESS 100 S INDEPENDENCE MALL WEST
CITY-ST-ZIP PHILADELPHIA PA 19106-2399

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. J. HARMER

1/22/99

Date

Daytime Phone #

215-592-2884

CR2E034 (11/98)