

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 13 PM 2: 39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **681337** (2)

1. Corporation Name
BETZ PAPERCHEM, INC.

Principal Place of Business
**7510 BAYMEADOWS WAY
JACKSONVILLE FL 32258**

Mailing Address
**7510 BAYMEADOWS WAY
JACKSONVILLE FL 32258**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/07/1980** 3a. Date of Last Report **04/29/1994**

4. FEI Number **59-2020677** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	COOK, W R
STREET ADDRESS	4636 SOMERTON RD
CITY-ST-ZIP	TREVOSE PA
TITLE	D
NAME	BRAFFORD, W C
STREET ADDRESS	4636 SOMERTON RD
CITY-ST-ZIP	TREVOSE PA
TITLE	VP
NAME	NOLES, J. G.
STREET ADDRESS	7510 BAYMEADOWS ROAD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VP
NAME	DAVIS, P S
STREET ADDRESS	7510 BAYMEADOWS WAY
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	VOCANON, R. D.
STREET ADDRESS	4636 SOMERTON ROAD
CITY-ST-ZIP	TREVOSE PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Holland, J. L.
4.3 STREET ADDRESS	7510 Baymeadows way
4.4 CITY-ST-ZIP	Jacksonville, FL 32256
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(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 of this report, or in an attachment with an address.

SIGNATURE: Jerry G. Noles **Jerry G. Noles** 3/3/95 **(904) 733-7110**
Date Daytime Phone #

CMC/BRT
FLANNPT/RECONS

Betz PaperChem Inc.
Florida Corporation Annual Report 1995
Officers and Directors
59-2020677

LINE 12 - NAMES AND ADDRESSES OF EACH OFFICER AND DIRECTOR cont.

<u>Title</u>	<u>Names of Officers and Directors</u>	<u>Street Address</u>	<u>City, State</u>
V/P	K.R. McCormick	7510 Baymeadows Road	Jacksonville, FL
D	D.L. Holland	4636 Somerton Road	Trevoze, PA