

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jun 26 1996 8:00 am
Secretary of State

DOCUMENT # **681337** (2)

1. Corporation Name
BETZ PAPERCHEM, INC.



Principal Place of Business: **7510 BAYMEADOWS WAY JACKSONVILLE FL 32256**
Mailing Address: **7510 BAYMEADOWS WAY JACKSONVILLE FL 32256**

3. Date Incorporated or Qualified: **08/07/1980**
3a. Date of Last Report: **03/13/1995**

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

4. FEI Number: **59-2020677**
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

9. Name and Address of Current Registered Agent
**BRAFFORD, WILLIAM C
C/O BETZ PAPERCHEM, INC.
7510 BAYMEADOWS WAY
JACKSONVILLE FL 32256**

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 607.1504, 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: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	COOK, W R	
STREET ADDRESS	4636 SOMERTON RD	
CITY- ST- ZIP	TREVOSE PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRAFFORD, W C	
STREET ADDRESS	4636 SOMERTON RD	
CITY- ST- ZIP	TREVOSE PA	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	NOLES, J. G.	
STREET ADDRESS	7510 BAYMEADOWS ROAD	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HOLLAND, J.L.	
STREET ADDRESS	7510 BAYMEADOWS WAY	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DAVIS, P S	
STREET ADDRESS	7510 BAYMEADOWS WAY	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VOCANON, R. D.	
STREET ADDRESS	4636 SOMERTON ROAD	
CITY- ST- ZIP	TREVOSE PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	VP
33 STREET ADDRESS	McCormick, K. R.
34 CITY- ST- ZIP	7510 Bayneadows Way Jacksonville, FL 32256
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	President
43 STREET ADDRESS	Kutsche, R. A.
44 CITY- ST- ZIP	7510 Bayneadows Way Jacksonville, FL 32256
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Director
63 STREET ADDRESS	James, G. L.
64 CITY- ST- ZIP	4636 Somerton Road Trevose, PA 19053

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: *William C Brafford*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-21-96
DATE

System Print #

CR2E034 (12/95)