

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90207 039 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

DOCUMENT # **681337**

1. Corporation Name
BETZDEARBORN PAPER PROCESS GROUP INC.

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/07/1980

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 owes the current year Intangible Personal Property Tax. 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 Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

NOLES, JERRY
 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 607.1508, 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 _____ (NOT Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOK, W R	1.2 NAME	L. Rankin
STREET ADDRESS	4636 SOMERTON RD	1.3 STREET ADDRESS	1313 N. Market Street
CITY-ST-ZIP	TREVOSE PA	1.4 CITY-ST-ZIP	Wilmington, DE 19894-0001
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANSEN, LINDA R	2.2 NAME	P. Heinz
STREET ADDRESS	4636 SOMERTON RAOD	2.3 STREET ADDRESS	1313 N. Market Street
CITY-ST-ZIP	TREVOSE PA	2.4 CITY-ST-ZIP	Wilmington, DE 19894-0001
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUTSCHE, R A	3.2 NAME	J. M. King
STREET ADDRESS	7510 BAYMEADOWS WAY	3.3 STREET ADDRESS	1313 N. Market Street
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Wilmington, DE 19894-0001
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, P S	4.2 NAME	B. W. Jester
STREET ADDRESS	7510 BAYMEADOWS WAY	4.3 STREET ADDRESS	1313 N. Market Street
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Wilmington, DE 19894-0001
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES G L	5.2 NAME	
STREET ADDRESS	4636 SOMERTON ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	TREVOSE PA	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 change, or on an attachment with an address, with all other like empowered

SIGNATURE: *D. R. Peirson* **D. R. Peirson** 4/13/99 302-594-5000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)