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 APR 26 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # 800788 (2)

1. Corporation Name
E.I. DU PONT DE NEMOURS AND COMPANY

Principal Place of Business
1007 MARKET STREET, M-10610-B
WILMINGTON DELAWARE 19898

Mailing Address
1007 MARKET STREET
M-10610-B
WILMINGTON DE 19898
US

3. Date Incorporated or Qualified: 09/30/1915
3a. Date of Last Report: 06/06/1994
4. FEI Number: 51-0014090 ☐ Applied For ☐ Not Applicable

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

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	☐ Change ☐ Addition
NAME	SARGENT, J.C.	1.2 NAME	
STREET ADDRESS	1007 MARKET ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON, DE 00000	1.4 CITY-ST-ZIP	
TITLE	VC	2.1 TITLE	☐ Change ☐ Addition
NAME	KROL, J.A.	2.2 NAME	
STREET ADDRESS	1007 MARKET STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON, DE 00000	2.4 CITY-ST-ZIP	
TITLE	C	3.1 TITLE	☐ Change ☐ Addition
NAME	WOOLARD JR., E.S.	3.2 NAME	
STREET ADDRESS	1007 MARKET ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON, DE 00000	3.4 CITY-ST-ZIP	
TITLE	VC	4.1 TITLE	☐ Change ☐ Addition
NAME	NICANDROS, C. S.	4.2 NAME	
STREET ADDRESS	1007 MARKET ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON, DE 00000	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	AS ☐ Change ☒ Addition
NAME	~~ARRINGTON, R.W.~~ L. B. LANCASTER	5.2 NAME	J. W. KEITER
STREET ADDRESS	1007 MARKET ST	5.3 STREET ADDRESS	1007 MARKET ST
CITY-ST-ZIP	WILMINGTON, DE 00000	5.4 CITY-ST-ZIP	WILMINGTON, DE
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	MINTON, H.D.	6.2 NAME	
STREET ADDRESS	1007 MARKET STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE	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 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: John W. Keiter 4/19/95 302-774-6198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN W. KEITER

0474377 FP