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Mar 30, 1999 8:00 am
Secretary of State

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 800918

1. Corporation Name

AMERICAN CYANAMID COMPANY

Principal Place of Business

**FIVE GIRALDA FARMS
MADISON NJ 07940
US**

Mailing Address

**FIVE GIRALDA FARMS
MADISON NJ 07940
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/15/1917

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

13-0430890

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

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 CPD
NAME STAFFORD, J.R.
STREET ADDRESS FIVE GIRALDA FARMS
CITY-ST-ZIP MADISON NJ ☐ DELETE

TITLE VPD
NAME BLOUNT, R.G.
STREET ADDRESS FIVE GIRALDA FARMS
CITY-ST-ZIP MADISON NJ ☐ DELETE

TITLE T
NAME O'CONNOR, J.M.
STREET ADDRESS FIVE GIRALDA FARMS
CITY-ST-ZIP MADISON NJ ☐ DELETE

TITLE AT
NAME SAMUEL C.M.
STREET ADDRESS FIVE GIRALDA FARMS
CITY-ST-ZIP MADISON NJ ☐ DELETE

TITLE S
NAME LACH, E M
STREET ADDRESS FIVE GIRALDA FARMS
CITY-ST-ZIP MADISON NJ 07940 ☐ DELETE

TITLE AS
NAME BERG, E.E.
STREET ADDRESS FIVE GIRALDA FARMS
CITY-ST-ZIP MADISON NJ ☐ DELETE

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

Assistant Treasurer 3/1/99 (973)660-5

Date

Daytime Phone #