

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90125 033 \*\*\*150.00

**DOCUMENT # 800918**

1. Entity Name  
**AMERICAN CYANAMID COMPANY**



Principal Place of Business  
**FIVE GIRALDA FARMS  
MADISON NJ 07940  
US**

Mailing Address  
**FIVE GIRALDA FARMS  
MADISON NJ 07940  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-0430890**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	CPD	<input checked="" type="checkbox"/> Delete
NAME	STAFFORD, J.R.	
STREET ADDRESS	FIVE GIRALDA FARMS	
CITY-ST-ZIP	MADISON NJ	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	O'CONNOR, J.M.	
STREET ADDRESS	FIVE GIRALDA FARMS	
CITY-ST-ZIP	MADISON NJ	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	SAMUEL C.M.	
STREET ADDRESS	FIVE GIRALDA FARMS	
CITY-ST-ZIP	MADISON NJ	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LACH, E M	
STREET ADDRESS	FIVE GIRALDA FARMS	
CITY-ST-ZIP	MADISON NJ 07940	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	BERG, E.E.	
STREET ADDRESS	FIVE GIRALDA FARMS	
CITY-ST-ZIP	MADISON NJ	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, K.J.	
STREET ADDRESS	FIVE GIRALDA FARMS	
CITY-ST-ZIP	MADISON NJ 07940	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESSNER, ROBERT	
STREET ADDRESS	FIVE GIRALDA FARMS	
CITY-ST-ZIP	MADISON, NJ 07940	
TITLE	D/EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOYNES, LOUIS L., JR.	
STREET ADDRESS	FIVE GIRALDA FARMS	
CITY-ST-ZIP	MADISON, NJ 07940	
TITLE	D & SR.VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, KENNETH J.	
STREET ADDRESS	FIVE GIRALDA FARMS	
CITY-ST-ZIP	MADISON, NJ 07940	
TITLE	VP & TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNOR, JACK M.	
STREET ADDRESS	FIVE GIRALDA FARMS	
CITY-ST-ZIP	MADISON, NJ 07940	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACH, EILEEN M.	
STREET ADDRESS	FIVE GIRALDA FARMS	
CITY-ST-ZIP	MADISON, NJ 07940	
TITLE	ASSISTANT TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMUEL, CHARLES M.	
STREET ADDRESS	FIVE GIRALDA FARMS	
CITY-ST-ZIP	MADISON, NJ 07940	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Charles M. Samuel* **CHARLES M. SAMUEL, ASSISTANT TREASURER**

**04/21/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)