

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 801275 (9)
1. Corporation Name
HERCULES INCORPORATED

Principal Place of Business
HERCULES PLAZA
WILMINGTON DE 19894-0001

Mailing Address
HERCULES PLAZA
WILMINGTON DE 19894-0001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/08/1920	
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc	4. FEI Number 51-0023450		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code FL

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 (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JESTER, BRUCE W.	1.2 NAME	
STREET ADDRESS	210 DEERGRASS ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOCKESSIN DE	1.4 CITY-ST-ZIP	
TITLE	PC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORBO, V.J.	2.2 NAME	
STREET ADDRESS	5 SOUTHVIEW PATH	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHADDS FORD PA	2.4 CITY-ST-ZIP	
TITLE	VPCF	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKENZIE, GEORGE	3.2 NAME	
STREET ADDRESS	360 HIGH RIDGE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHADDS FORD PA	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOYD, ISRAEL J	4.2 NAME	
STREET ADDRESS	5 BLUEBERRY CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOCKESSIN DE 19707	4.4 CITY-ST-ZIP	
TITLE	DPCO	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT R KEITH	5.2 NAME	
STREET ADDRESS	317 KENNETT PIKE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MENDENHALL PA	5.4 CITY-ST-ZIP	
TITLE	VT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, J.M.	6.2 NAME	
STREET ADDRESS	402 WAY ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE DE	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.

SIGNATURE:

BW/Jester

Bruce W. Jester

4/20/98

302-594-5235

CR2E034 (10/97)