

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 801275

1. Corporation Name

HERCULES INCORPORATED

Principal Place of Business

HERCULES PLAZA
WILMINGTON DE 19894-0001

Mailing Address

HERCULES PLAZA
WILMINGTON DE 19894-0001

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90033 002 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1920

4. FEI Number

51-0023450

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

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

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	AT	<input type="checkbox"/> DELETE
NAME	JESTER, BRUCE W.	
STREET ADDRESS	210 DEERGRASS ROAD	
CITY-ST-ZIP	HOCKESSIN DE	
TITLE	PC	<input type="checkbox"/> DELETE
NAME	CORBO, V.J.	
STREET ADDRESS	5 SOUTHVIEW PATH	
CITY-ST-ZIP	CHADDS FORD PA	
TITLE	VPCF	<input type="checkbox"/> DELETE
NAME	MACKENZIE, GEORGE	
STREET ADDRESS	360 HIGH RIDGE RD.	
CITY-ST-ZIP	CHADDS FORD PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FLOYD, ISRAEL J	
STREET ADDRESS	5 BLUEBERRY CT.	
CITY-ST-ZIP	HOCKESSIN DE 19707	
TITLE	DPCO	<input type="checkbox"/> DELETE
NAME	ELLIOTT R KEITH	
STREET ADDRESS	317 KENNETT PIKE	
CITY-ST-ZIP	MENDENHALL PA	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	KING, J.M.	
STREET ADDRESS	402 WAY ROAD	
CITY-ST-ZIP	GREENVILLE DE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

3/15/99

Date

302-594-5235

Daytime Phone #

CR2E034 (11/98)