

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 801275

1. Entity Name

HERCULES INCORPORATED

Principal Place of Business

HERCULES PLAZA
WILMINGTON DE 19894-0001

Mailing Address

HERCULES PLAZA
WILMINGTON DE 19894-0001

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

51-0023450

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE AT ☐ Delete

NAME JESTER, BRUCE W.
STREET ADDRESS 210 DEERGRASS ROAD
CITY-ST-ZIP HOCKESSIN DE

TITLE PC ☐ Delete

NAME CORBO, V.J.
STREET ADDRESS 5 SOUTHVIEW PATH
CITY-ST-ZIP CHADDS FORD PA

TITLE VPCF ☐ Delete

NAME MACKENZIE, GEORGE
STREET ADDRESS 360 HIGH RIDGE RD.
CITY-ST-ZIP CHADDS FORD PA

TITLE S ☐ Delete

NAME FLOYD, ISRAEL J
STREET ADDRESS 5 BLUEBERRY CT.
CITY-ST-ZIP HOCKESSIN DE 19707

TITLE DPCO ☐ Delete

NAME ELLIOTT R KEITH
STREET ADDRESS 317 KENNETT PIKE
CITY-ST-ZIP MENDENHALL PA

TITLE VT ☒ Delete

NAME KING, J.M.
STREET ADDRESS 402 WAY ROAD
CITY-ST-ZIP GREENVILLE DE

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce W. Jester, VP Tax

5/4/00

302-594-5235

Date

Daytime Phone #

CR2E034 (9/99)