

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

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Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 805340 (7)
 1. Corporation Name
OLIN CORPORATION

Principal Place of Business 501 MERRITT 7 P.O. BOX 4500 NORWALK CO 06856-4500 US	Mailing Address 501 MERRITT P.O. BOX 4500 NORWALK CO 06856-4500 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 02/05/1941	3a. Date of Last Report 04/23/1996
		4. FEI Number 13-1872319	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input 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 **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME GRIFFIN, DONALD W. STREET ADDRESS 92 OLD BOSTON RD CITY-ST-ZIP WILTON CT	<input type="checkbox"/> DELETE	1.1 TITLE Chairman of Board, Pres. & CEO 1.2 NAME Griffin, Donald W. 1.3 STREET ADDRESS (same) 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V NAME ERENSEN, GEORGE B. STREET ADDRESS 319 ORCHARD ST. CITY-ST-ZIP GREENWICH CT	<input type="checkbox"/> DELETE	2.1 TITLE Executive V.P. 2.2 NAME Campbell, Michael 2.3 STREET ADDRESS Indran Waters Dr. 2.4 CITY-ST-ZIP New Canaan, Ct. 06840	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V NAME GAFFNEY, JOSEPH M. STREET ADDRESS 46 ACORN PLACE CITY-ST-ZIP RIDGEFIELD CT	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME JACKSON, JOHNNIE M. JR STREET ADDRESS 29 FIELDSTONE CIRCLE CITY-ST-ZIP STAMFORD CT	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME RUGGIERO, ANTHONY W. STREET ADDRESS 40 AIKEN RD. CITY-ST-ZIP GREENWICH CG	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE C NAME JOHNSTONE, JOHN W. STREET ADDRESS 487 CARTER ST. CITY-ST-ZIP NEW CANAANCT	<input type="checkbox"/> DELETE	6.1 TITLE Director 6.2 NAME Johnstone, John W. 6.3 STREET ADDRESS (same) 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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:  **REQUIRED** **G.B. Erensen** **4/19/97** **203-750-3427**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *

CR2E034 (9/96)