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Secretary of State

04-22-1999 90004 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # 805340

1. Corporation Name
OLIN CORPORATION

Principal Place of Business	Mailing Address
501 MERRITT 7 P.O. BOX 4500 NORWALK CO 06856-4500 US	501 MERRITT P.O. BOX 4500 NORWALK CO 06856-4500 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualifed: 02/05/1941

4. FEI Number: 13-1872319 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPCE	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GRIFFIN, DONALD W.		1.2 NAME		
STREET ADDRESS	92 OLD BOSTON RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	WILTON CT		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ERENSEN, GEORGE B.		2.2 NAME		
STREET ADDRESS	319 ORCHARD ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	GREENWICH CT		2.4 CITY-ST-ZIP		
TITLE	EVP	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CAMPBELL, MICHAEL		3.2 NAME		
STREET ADDRESS	INDIAN WATERS DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW CANAAN CT		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JACKSON, JOHNNIE M. JR		4.2 NAME		
STREET ADDRESS	29 FIELDSTONE CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RUGGIERO, ANTHONY W.		5.2 NAME		
STREET ADDRESS	40 AIKEN RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	GREENWICH CG		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	JOHNSTONE, JOHN W.		6.2 NAME	Higgins, William W.	
STREET ADDRESS	467 CARTER ST.		6.3 STREET ADDRESS	54 Byram Drive	
CITY-ST-ZIP	NEW CANAANCT		6.4 CITY-ST-ZIP	Greenwich, Ct. 06830	

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 REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99 Date

(203)750-3427 Daytime Phone #

CR2E034 (11/98)