


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90556 033 ***150.00

DOCUMENT # 805340	
1. Entity 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
---	---

20035851



04042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business 190 Carondelet Plaza	3. Mailing Address 190 Carondelet Plaza
Suite, Apt. #, etc. Suite 1530	Suite, Apt. #, etc. Suite 1530
City & State Clayton, MO	City & State Clayton, MO
Zip 63105	Country United States

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. Name and Address of Current 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	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	

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. I am familiar with, and accept the obligations of registered agent.

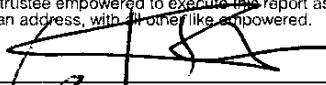
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	---------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, DONALD W. 92 OLD BOSTON RD WILTON, CT <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGTC ERENSEN, GEORGE B 319 ORCHARD ST. GREENWICH, CT 06830 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PAIN, GEORGE H 38 OLD ROCK LANE WEST NORWALK, CT 06850 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO RUGGIERO, ANTHONY W. 40 AIKEN RD. GREENWICH, CT 06831 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGGINS, WILLIAM W 54 BYRON DRIVE GREENWICH, CT 06830 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO RUPP, JOSEPH D 23 ALWYN LANE WESTON, CT 06883 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Wilton, CT 06897
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V/T Stephen C. Curley 25 Hibiscus Road Belleair, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition West Norwalk, CT 06850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 54 Byram Drive
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10918 Conway Road Frontenac, MO 63131

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **George H. Pain**
(kes) 04/14/05 (314) 480-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #