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Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 808111 (9)
1. Corporation Name
QUANTUM CHEMICAL CORPORATION



Principal Place of Business
11500 NORTHLAKE DR
CINCINNATI OH 45249
US

Mailing Address
% HANSON INDUSTRIES
99 WOOD AVE SO
ISELIN NJ 08830-2715
US

3. Date Incorporated or Qualified
12/30/1949

3a. Date of Last Report
05/01/1996

4. FEI Number
13-1762676

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 c/o MILLENNIUM CHEMICALS INC. 13-1762676
27 Suite, Apt. #, etc.
27 99 WOOD AVENUE SOUTH
28 City & State
28 ISELIN NJ
29 Zip
29 08830
30 Country
30 USA

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
85 Zip Code
FL

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 date if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRES. CEO, DIR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RAOS, JOHN G		1.2 NAME	RONALD H. YOCUM			
STREET ADDRESS	99 WOOD AVE SO		1.3 STREET ADDRESS	11500 NORTHLAKE DRIVE			
CITY-ST-ZIP	ISELIN NJ		1.4 CITY-ST-ZIP	CINCINNATI OH 45249			
TITLE	AS	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LUDDY, DENNIS W		2.2 NAME				
STREET ADDRESS	99 WOOD AVE SO		2.3 STREET ADDRESS				
CITY-ST-ZIP	ISELIN NJ		2.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	V. PRES. DIR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CLARKE, DAVID H		3.2 NAME	ROBERT E. LEE			
STREET ADDRESS	99 WOOD AVE SO		3.3 STREET ADDRESS	99 WOOD AVENUE SOUTH			
CITY-ST-ZIP	ISELIN NJ		3.4 CITY-ST-ZIP	ISELIN NJ 08830			
TITLE	VSD	<input type="checkbox"/> DELETE	4.1 TITLE	V. PRES. ASST. SECRETARY	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HEMPSTEAD, GEORGE H III		4.2 NAME				
STREET ADDRESS	99 WOOD AVE SO		4.3 STREET ADDRESS				
CITY-ST-ZIP	ISELIN NJ		4.4 CITY-ST-ZIP				
TITLE	VT	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LEE, ROBERT E		5.2 NAME	THOMAS A. BURKE			
STREET ADDRESS	99 WOOD AVE SO		5.3 STREET ADDRESS	11500 NORTHLAKE DRIVE			
CITY-ST-ZIP	ISELIN NJ		5.4 CITY-ST-ZIP	CINCINNATI OH 45249			
TITLE	VC	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	CONTROLLER	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	STATILE, PETER J		6.2 NAME	DUANE D. KIMBLE			
STREET ADDRESS	99 WOOD AVE SO		6.3 STREET ADDRESS	11500 NORTHLAKE DRIVE			
CITY-ST-ZIP	ISELIN NJ		6.4 CITY-ST-ZIP	CINCINNATI OH 45249			

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: *Dennis W. Luddy* DENNIS W. LUDDY A.S. 4/3/97 (908) 603-6761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)