

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

FILED

Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **809401** (3)

1. Corporation Name
COURTAULDS COATINGS, INC.

Check No. A077499 dated 03/02/98 for \$158.75

Principal Place of Business 400 SOUTH 13TH STREET P.O. BOX 1439 LOUISVILLE KY 40203	Mailing Address 400 SOUTH 13TH STREET P.O. BOX 1439 LOUISVILLE KY 40203
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/09/1953	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 61-0310940	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" 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

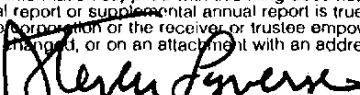
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	CEOP HORTON, L THOMAS			1.1 TITLE			
NAME	400 SOUTH 13TH STREET			1.2 NAME			
STREET ADDRESS	LOUISVILLE KY			1.3 STREET ADDRESS			
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
TITLE	CFO <input checked="" type="checkbox"/> DELETE			2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LANDLESS, DAVID			2.2 NAME	Treasurer		
STREET ADDRESS	400 S. 13TH ST.			2.3 STREET ADDRESS	Peter G. Faulkner		
CITY-ST-ZIP	LOUISVILLE KY			2.4 CITY-ST-ZIP	400 South 13th Street		
TITLE	CS <input type="checkbox"/> DELETE			3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LYVERSE, STEVEN H			3.2 NAME			
STREET ADDRESS	400 S. 13TH ST.			3.3 STREET ADDRESS			
CITY-ST-ZIP	LOUISVILLE KY			3.4 CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> DELETE			4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHRISTIE			4.2 NAME	Scott N. Christie		
STREET ADDRESS	400 SOUTH 13TH STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	LOUISVILLE KY			4.4 CITY-ST-ZIP			
TITLE	VP <input checked="" type="checkbox"/> DELETE			5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MAYER, JACQUES			5.2 NAME	Vice President		
STREET ADDRESS	400 SOUTH 13TH STREET			5.3 STREET ADDRESS	Joel E. Thompson		
CITY-ST-ZIP	LOUISVILLE KE			5.4 CITY-ST-ZIP	400 South 13th Street		
TITLE	<input type="checkbox"/> DELETE			6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

SIGNATURE:  Corporate Secretary 02/09/98 502-588-9200

CR2E034 (10/97)