

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

APPROVED AND FILED

95 MAY - 1 PM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |   |
|---|---|---|
| CORPORATION<br>ANNUAL REPORT<br><b>1995</b> |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Matham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 813528 (7)**

1. Corporation Name  
**SAYBOLT INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>300 LANDEX PLAZA<br/>PARSIPPANY NJ 07054</b> | Mailing Address<br><b>300 LANDEX PLAZA<br/>PARSIPPANY NJ 07054</b> |
|--|--|

DO NOT WRITE IN THIS SPACE.

|   |  |
|---|--|
| 3. Date incorporated or Qualified<br><b>04/16/1959</b>  | 3a. Date of Last Report<br><b>03/22/1994</b>           |
| 4. FEI Number<br><b>13-5674470</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |   |   |   |
|--|---|---|---|
| 2. Principal Place of Business<br>21<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23<br>Zip<br>24 | 2a. Mailing Address<br>26<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28<br>Zip<br>29 | 9. Name and Address of Current Registered Agent<br><b>THE PRENTICE-HALL CORPORATION SYSTEM INC.<br/>1201 HAYS STREET<br/>SUITE 105<br/>TALLAHASSEE FL 32301</b> | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code<br><b>FL</b> |
|--|---|---|---|

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 registering)

| 12. OFFICERS AND DIRECTORS                         |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |  |
|--|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>PCEO<br/>HEAD, DAVID H.,<br/>3 RALEIGH COURT<br/>MORRISTOWNSHIP NJ 07960</b>        | 11 TITLE<br>12 NAME<br>13 STREET ADDRESS<br>14 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>EVP<br/>PETOIA, ROBERT G.,<br/>13 BROOKWOOD DRIVE<br/>WEST CALDWELL, NJ</b>         | 21 TITLE<br>22 NAME<br>23 STREET ADDRESS<br>24 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>S<br/>ANDERLE, BARBARA J.,<br/>146 WEST OLDIS STREET<br/>ROCHELLE PARK NJ 07862</b> | 31 TITLE<br>32 NAME<br>33 STREET ADDRESS<br>34 CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><i>SECRETARY<br/>Joseph Maldonado, Jr<br/>8 Cascade Place<br/>West Caldwell NJ 07006</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D<br/>PLUIMERS FREREK<br/>TREKKADE 3, 3155 EL MAASLAND<br/>THE NETHERLANDS NJ</b>   | 41 TITLE<br>42 NAME<br>43 STREET ADDRESS<br>44 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D<br/>MEAD DAVID H.,<br/>3 RALEIGH COURT<br/>MORRISTOWNSHIP NJ 07960</b>            | 51 TITLE<br>52 NAME<br>53 STREET ADDRESS<br>54 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D<br/>HEINSBROEK, JAN W.<br/>4926HB LAGE ZWAHUWE<br/>THE NETHERLANDS TX</b>         | 61 TITLE<br>62 NAME<br>63 STREET ADDRESS<br>64 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 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: *Robert G. Petola* **ROBERT G. PETOLA, EVP** **4/19/95** (201) 884-3200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR