

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 813528 (7)

1. Corporation Name  
SAYBOLT INC.



Principal Place of Business Mailing Address  
300 LANDEX PLAZA 300 LANDEX PLAZA  
PARSIPPANY NJ 07054 PARPIPPANY NJ 07054

3. Date Incorporated or Qualified 04/16/1959	3a. Date of Last Report 05/01/1995
4. FEI Number 13-5674470	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEAD, DAVID H.,	1.2 NAME	
STREET ADDRESS	3 RALEIGH COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWNSHIP NJ 07960	1.4 CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETOIA, ROBERT G.,	2.2 NAME	
STREET ADDRESS	13 BROOKWOOD DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST CALDWELL, NJ	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH, MADDALONI J	3.2 NAME	
STREET ADDRESS	8 CASCADE PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST CALDWELL NJ	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLUIMERS FRERCK	4.2 NAME	
STREET ADDRESS	TREKKADE 3. 3155 EL MAASLAND	4.3 STREET ADDRESS	
CITY-ST-ZIP	THE NETHERLANDS NJ	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEAD DAVID H.,	5.2 NAME	
STREET ADDRESS	3 RALEIGH COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWNSHIP NJ 07960	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEINSBROEK, JAN W.	6.2 NAME	
STREET ADDRESS	4926HB LAGE ZWAHUWE	6.3 STREET ADDRESS	
CITY-ST-ZIP	THE NETHERLANDS TX	6.4 CITY-ST-ZIP	

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 119.07(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96

201-884-3200

Daytime Phone #

CR2E034 (12/95)