

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

FILED

Jan 29 1997 8:00am  
Secretary of State



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

PROFIT CORPORATION  
ANNUAL REPORT  
1997

DOCUMENT # **813528** (7)

1. Corporation Name  
**SAYBOLT INC.**



Principal Place of Business  
**300 LANDEX PLAZA  
PARSIPPANY NJ 07054**

Mailing Address  
**300 LANDEX PLAZA  
PARSIPPANY NJ 07054-2723**

3. Date Incorporated or Qualified **04/16/1959** 3a. Date of Last Report **01/30/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>13-5674470</b>		Applied For	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
23. Zip Country		28. Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24. Zip		25. Country		29. Zip		30. Country	

9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)			
83. City				84. City <b>FL</b> 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PCEO</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEAD, DAVID H.,</b>	1.2 NAME	
STREET ADDRESS	<b>3 RALEIGH COURT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MORRISTOWNSHIP NJ 07980</b>	1.4 CITY-ST-ZIP	
TITLE	<b>EVP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PETOIA, ROBERT G.,</b>	2.2 NAME	
STREET ADDRESS	<b>13 BROOKWOOD DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST CALDWELL, NJ</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOSEPH, MADDALONI J</b>	3.2 NAME	
STREET ADDRESS	<b>8 CASCADE PLACE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST CALDWELL NJ</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PLUIMERS FREREK</b>	4.2 NAME	
STREET ADDRESS	<b>TREKKADE 3. 3155 EL MAASLAND</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>THE NETHERLANDS NJ</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEAD DAVID H.,</b>	5.2 NAME	
STREET ADDRESS	<b>3 RALEIGH COURT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MORRISTOWNSHIP NJ 07980</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEINSBROEK, JAN W.</b>	6.2 NAME	
STREET ADDRESS	<b>4926HB LAGE ZWAHUWE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>THE NETHERLANDS TX</b>	6.4 CITY-ST-ZIP	

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: *Robert G. Petoia* **Robert G. Petoia** 1/8/97 (201) 884-3200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, mo Phone #

CR2E034 (9/96)