

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

FILED

Mar 24 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 # 813528 (7)  
1. Corporation Name  
SAYBOLT INC.

Principal Place of Business  
300 LANIDEX PLAZA  
PARSIPPANY NJ 07054

Mailing Address  
300 LANIDEX PLAZA  
PARSIPPANY NJ 07054



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 5295 Hollister		26 5295 Hollister		04/16/1959	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Tax Department		27 Tax Department		13-5674470	
City & State		City & State		Applied For	
23 Houston, TX		28 Houston, TX		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 77040		29 77040		X \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 Harris		30 Harris		Trust Fund Contribution	
				7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324		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	
TITLE	PCEO	1.1 TITLE	VP
NAME	HEAD, DAVID H.,	1.2 NAME	Thomas Michael Hayes, Jr.
STREET ADDRESS	3 RALEIGH COURT	1.3 STREET ADDRESS	5295 Hollister Rd
CITY-ST-ZIP	MORRISTOWNSHIP NJ 07960	1.4 CITY-ST-ZIP	Houston, TX 77040
TITLE	EVP	2.1 TITLE	Treasurer
NAME	PETOIA, ROBERT G.,	2.2 NAME	Bagmark, Richard
STREET ADDRESS	13 BROOKWOOD DRIVE	2.3 STREET ADDRESS	5295 Hollister Road
CITY-ST-ZIP	WEST CALDWELL, NJ	2.4 CITY-ST-ZIP	Houston, TX 77040
TITLE	S	3.1 TITLE	Secretary
NAME	JOSEPH, MADDALONI J	3.2 NAME	Denson, John D.
STREET ADDRESS	8 CASCADE PLACE	3.3 STREET ADDRESS	5295 Hollister Road
CITY-ST-ZIP	WEST CALDWELL NJ	3.4 CITY-ST-ZIP	Houston, TX 77040
TITLE	D	4.1 TITLE	Director
NAME	PLUIMERS FREREK	4.2 NAME	Demsham David
STREET ADDRESS	TREKKADE 3. 3155 EL MAASLAND	4.3 STREET ADDRESS	5295 Hollister Road
CITY-ST-ZIP	THE NETHERLANDS NJ	4.4 CITY-ST-ZIP	Houston, TX 77040
TITLE	D	5.1 TITLE	
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	6.1 TITLE	
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 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:

3/14/98 713-329-7408

CR2E034 (10/97)