FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 18 PM 5:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **816646** **(4)**

1. Corporation Name
SIKA CHEMICAL CORPORATION

Principal Place of Business
201 POLITO AVE
LYNDHURST NJ 07071
US

Mailing Address
201 POLITO AVE
LYNDHURST NJ 07071
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/21/1963**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22
Suite, Apt. #, etc — 27
City & State — 23
City & State — 28
Zip — 24
County — 25
Zip — 29
County — 30

4. FEI Number: **22-1594831** — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ 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 specifically permitted for a registered agent and/or a name change) _____ (NEW Registered Agent signature required when resigning) _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	MULLER, ROBERT	12 NAME	
STREET ADDRESS	201 POLITO AVENUE	13 STREET ADDRESS	
CITY ST ZIP	LYNDHURST, NJ.	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	BLANK, NORMAN	22 NAME	
STREET ADDRESS	201 POLITO AVENUE	23 STREET ADDRESS	
CITY ST ZIP	LYNDHURST, NJ.	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	HARMS, STEPHEN D.	32 NAME	
STREET ADDRESS	22211 TELEGRAPH RD	33 STREET ADDRESS	
CITY ST ZIP	SOUTHFIELD MI	34 CITY ST ZIP	
TITLE	V	41 TITLE	Chief Financial Officer ☒ Change ☐ Addition
NAME	CARTON, BARRY F	42 NAME	Steve Gill
STREET ADDRESS	201 POLITO AVENUE	43 STREET ADDRESS	201 Polito Ave
CITY ST ZIP	LYNDHURST, NJ.	44 CITY ST ZIP	Lyndhurst NJ 07071
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	BORDER, JOHN P.	52 NAME	
STREET ADDRESS	201 POLITO AVENUE	53 STREET ADDRESS	
CITY ST ZIP	LYNDHURST NJ	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	CARLIN, JOHN J JR	62 NAME	
STREET ADDRESS	30 VREELAND ROAD	63 STREET ADDRESS	
CITY ST ZIP	FLORHAM PARK, NJ.	64 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 the 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: Steve Gill — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Steve Gill

4/6/95 — Date

201-933-8800 — Daytime Phone #

0000818 CP