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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90118 039 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **816646**

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/21/1963

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 owes the current year Intangible
Personal Property Tax. ☒ 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	☐ DELETE
NAME	MULLER, ROBERT	
STREET ADDRESS	201 POLITO AVENUE	
CITY-ST-ZIP	LYNDHURST NJ 07071	

TITLE	VP	☐ DELETE
NAME	BLANK, NORMAN	
STREET ADDRESS	201 POLITO AVENUE	
CITY-ST-ZIP	LYNDHURST NJ 07071	

TITLE	CFO	☐ DELETE
NAME	GILL, STEVE	
STREET ADDRESS	201 POLITO AVENUE	
CITY-ST-ZIP	LYNDHURST NJ 07071	

TITLE	VP	☐ DELETE
NAME	HARMS, STEPHEN D	
STREET ADDRESS	201 POLITO AVENUE	
CITY-ST-ZIP	LYNDHURST NJ 07071	

TITLE	D	☐ DELETE
NAME	CARLIN, JOHN J JR.	
STREET ADDRESS	9 HEARTHSTONE WAY	
CITY-ST-ZIP	COVENT STATION NJ 07901	

TITLE	CEO	☐ DELETE
NAME	TISSI, ENRICO A	
STREET ADDRESS	201 POLITO AVENUE	
CITY-ST-ZIP	LYNDHURST NJ 07071	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	☐ Change ☒ Addition
1.2 NAME	Lumley, Jacqueline	
1.3 STREET ADDRESS	201 Polito Avenue	
1.4 CITY-ST-ZIP	Lyndhurst, NJ 07071	

2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

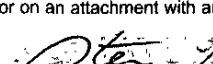
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Steve Gill

Date

Daytime Phone #