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

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State
02-22-1999 90118 039 ***150.00

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DOCUMENT # 816646

1. Corporation Name
SIKA CHEMICAL CORPORATION

Principal Place of Business	Mailing Address
201 POLITO AVE LYNDHURST NJ 07071 US	201 POLITO AVE LYNDHURST NJ 07071 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 01/21/1963

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

4. FEI Number: 22-1594831 ☐ Applied For ☐ Not Applicable

5. Certifcate 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	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE	S	☐ Change ☒ Addition
NAME	MULLER, ROBERT		1.2 NAME	Lumley, Jacqueline	
STREET ADDRESS	201 POLITO AVENUE		1.3 STREET ADDRESS	201 Polito Avenue	
CITY-ST-ZIP	LYNDHURST NJ 07071		1.4 CITY-ST-ZIP	Lyndhurst, NJ 07071	
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BLANK, NORMAN		2.2 NAME		
STREET ADDRESS	201 POLITO AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LYNDHURST NJ 07071		2.4 CITY-ST-ZIP		
TITLE	CFO	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GILL, STEVE		3.2 NAME		
STREET ADDRESS	201 POLITO AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LYNDHURST NJ 07071		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HARMS, STEPHEN D		4.2 NAME		
STREET ADDRESS	201 POLITO AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LYNDHURST NJ 07071		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CARLIN, JOHN J JR.		5.2 NAME		
STREET ADDRESS	9 HEARTHSTONE WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	COVENT STATION NJ 07901		5.4 CITY-ST-ZIP		
TITLE	CEO	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	TISSI, ENRICO A		6.2 NAME		
STREET ADDRESS	201 POLITO AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	LYNDHURST NJ 07071		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: Steve Gill REQUIRED 1/8/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Steve Gill