

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

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Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 817268 (6)
1. Corporation Name
CHEMROCK CORPORATION



Principal Place of Business: 1101 KERMIT DR., STE 630 NASHVILLE TENNESSEE 37217 US
Mailing Address: 1101 KERMIT DR., STE 630 NASHVILLE TENNESSEE 37217-5109 US

3. Date Incorporated or Qualified: 08/09/1963
3a. Date of Last Report: 03/29/1996
4. FEI Number: 62-1622370
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 s. 199.032, Florida Statutes: Yes No

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

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		DATE	
12. OFFICERS AND DIRECTORS			
12.1	CEO PERLMAN, RAYMOND G 225 CITY AVENUE BALA CYNVD PA V	<input type="checkbox"/> DELETE	
12.2	WAUGH, W. H. 7 PEACH BLOSSOM NASHVILLE TN VP	<input type="checkbox"/> DELETE	
12.3	KATZ, BARRY 225 CITY AVENUE BALA CYNWYD PA S	<input type="checkbox"/> DELETE	
12.4	MYERS, D. M. 104 EDGEBROOK ROAD GOODLETTSVILLE TN	<input type="checkbox"/> DELETE	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
13.1	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
13.2	1.2 NAME		
13.3	1.3 STREET ADDRESS		
13.4	1.4 CITY-ST-ZIP		
13.5	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
13.6	2.2 NAME		
13.7	2.3 STREET ADDRESS		
13.8	2.4 CITY-ST-ZIP		
13.9	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
13.10	3.2 NAME		
13.11	3.3 STREET ADDRESS		
13.12	3.4 CITY-ST-ZIP		
13.13	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
13.14	4.2 NAME		
13.15	4.3 STREET ADDRESS		
13.16	4.4 CITY-ST-ZIP		
13.17	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
13.18	5.2 NAME		
13.19	5.3 STREET ADDRESS		
13.20	5.4 CITY-ST-ZIP		
13.21	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
13.22	6.2 NAME		
13.23	6.3 STREET ADDRESS		
13.24	6.4 CITY-ST-ZIP		

14. I 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 contained 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 change, or on an attachment with an address.

SIGNATURE: *Doris M. Myers* DORIS M MYERS 3-17-97 615360 7911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration Date
0477044

CR2E034 (9/96)