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 MAY -1 AM 7:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **819502** **(6)**

1. Corporation Name
ARCO PRODUCTS COMPANY

400001481064
-05/09/95--01094--019
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1209 ORANGE STR WILMINGTON DE 19801 US	1209 ORANGE STR WILMINGTON DE 19801 US

3. Date Incorporated or Qualified: **04/11/1966**
3a. Date of Last Report: **04/22/1994**

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): Country (25): Zip (29): Country (30):

4. FEI Number: **13-2562726** ☐ 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 S. 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, 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	DP	11 TITLE	☐ Change ☐ Addition
NAME	FERRUCCI, M.A.	12 NAME	
STREET ADDRESS	1209 ORANGE ST	13 STREET ADDRESS	
CITY ST ZIP	WILMINGTON DE	14 CITY ST ZIP	
TITLE	TVD	21 TITLE	☐ Change ☐ Addition
NAME	HORNE, A.M.	22 NAME	
STREET ADDRESS	1209 ORANGE ST	23 STREET ADDRESS	
CITY ST ZIP	WILMINGTON DE	24 CITY ST ZIP	
TITLE	VAS	31 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, M.L.	32 NAME	
STREET ADDRESS	1209 ORANGE ST	33 STREET ADDRESS	
CITY ST ZIP	WILMINGTON DE	34 CITY ST ZIP	
TITLE	VAS	41 TITLE	☐ Change ☐ Addition
NAME	DENNY, C.M.	42 NAME	
STREET ADDRESS	1209 ORANGE ST	43 STREET ADDRESS	
CITY ST ZIP	WILMINGTON DE	44 CITY ST ZIP	
TITLE	SVD	51 TITLE	☐ Change ☐ Addition
NAME	LUTTHANS, KIM E.	52 NAME	
STREET ADDRESS	1209 ORANGE ST	53 STREET ADDRESS	
CITY ST ZIP	WILMINGTON DE	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

5/6/95

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 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: M A Ferrucci M. A. Ferrucci 4/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002319 CP