

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 819502 (6)**

1. Corporation Name

**ARCO PRODUCTS COMPANY**



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

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP FERRUCCI, M.A. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRUCCI, M.A.	1.2 NAME	
STREET ADDRESS	1209 ORANGE ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	WILMINGTON DE	1.4 CITY - ST - ZIP	
TITLE	TVD HORNE, A.M. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNE, A.M.	2.2 NAME	
STREET ADDRESS	1209 ORANGE ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	WILMINGTON DE	2.4 CITY - ST - ZIP	
TITLE	VAS WILLIAMS, M.L. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, M.L.	3.2 NAME	
STREET ADDRESS	1209 ORANGE ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	WILMINGTON DE	3.4 CITY - ST - ZIP	
TITLE	VAS DENNY, C.M. <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNY, C.M.	4.2 NAME	
STREET ADDRESS	1209 ORANGE ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	WILMINGTON DE	4.4 CITY - ST - ZIP	
TITLE	SVD LUTTHANS, KIM E. <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTTHANS, KIM E.	5.2 NAME	
STREET ADDRESS	1209 ORANGE ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	WILMINGTON DE	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 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

4/10/96

302658-7581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)