

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 # **820180 (8)**
1. Corporation Name
DOW CORNING CORPORATION



Principal Place of Business: **TAX DEPARTMENT C01112
TAX DEPARTMENT C01112
MIDLAND MI 48686-7994
US**

Mailing Address: **TAX DEPARTMENT C01112
TAX DEPARTMENT C01112
MIDLAND MI 48686-7994
US**

3. Date Incorporated or Qualified: **01/23/1967**

3a. Date of Last Report: **04/20/1995**

4. FEI Number: **38-0495575**

5. Certificate of Status Desired: Applied For Not Applicable

6. Election Campaign Financing Trust Fund Contribution: **\$8.75 Additional Fee Required**

7. **\$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. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip

30. Country

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

85. Zip Code: **FL**

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: _____
(NOTE: Registered Agent signature required when re-filing)

12. OFFICERS AND DIRECTORS

TITLE	CB	<input type="checkbox"/> DELETE
NAME	HAZLETON, RA	
STREET ADDRESS	2200 SALZBURG ROAD	
CITY - ST - ZIP	MIDLAND MI	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ANDERSON, G E	
STREET ADDRESS	220 SALZBURG ROAD	
CITY - ST - ZIP	MIDLAND MI	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	JENKINS, J. R.	
STREET ADDRESS	220 SALZBURG ROAD	
CITY - ST - ZIP	MIDLAND MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KELLY, B S	
STREET ADDRESS	2200 SALZBURG ROAD	
CITY - ST - ZIP	MIDLAND MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LACEFIELD, C. W.	
STREET ADDRESS	220 SALZBURG ROAD	
CITY - ST - ZIP	MIDLAND MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CHURCHFIELD, JOHN W.	
STREET ADDRESS	2200 SALZBURG ROAD	
CITY - ST - ZIP	MIDLAND MI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	V/S
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *JHM* *Alfred Gourджи* 4-4-96 517-496-4399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)