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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 17 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 828682

(5)

1. Corporation Name

SYLVACHEM CORPORATION

Principal Place of Business

6400 POPLAR AVENUE
ATTENTION: TAX DEPARTMENT
MEMPHIS TN 38197

Mailing Address

6400 POPLAR AVENUE
ATTENTION: TAX DEPARTMENT
MEMPHIS TN 38197

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/20/1972

3a. Date of Last Report

05/01/1994

4. FEI Number

13-2686797

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

TITLE	P
NAME	SNAPP, MANCO L.
STREET ADDRESS	1001 E. BUSINESS HWY 98
CITY - ST - ZIP	PANAMA CITY FL
TITLE	V
NAME	GREENBERG, CHARLES
STREET ADDRESS	2 MANHATTANVILLE ROAD
CITY - ST - ZIP	PURCHASE NY
TITLE	VP
NAME	DUNNING, WILLIAM E.
STREET ADDRESS	1001 E. BUSINESS HWY 98
CITY - ST - ZIP	PANAMA CITY FL
TITLE	VP
NAME	TROUTS, JOHN T.
STREET ADDRESS	1001 E. BUSINESS HWY 98
CITY - ST - ZIP	PANAMA CITY FL
TITLE	AT
NAME	FINNEGAN, JOHN
STREET ADDRESS	6400 POPLAR AVE
CITY - ST - ZIP	MEMPHIS TN
TITLE	S
NAME	NERHEM, SYVERT E.
STREET ADDRESS	2 MANHATTANVILLE ROAD
CITY - ST - ZIP	PURCHASE NY

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Finnegan 4/4/95 763-6400