

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90014 014 ***550.00

0119022

PROFIT CORPORATION ANNUAL REPORT 1999



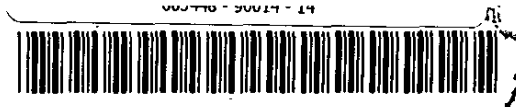
FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 828682

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

4. FEI Number
13-2686797

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 owes the current year Intangible Personal Property. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CEDERNA, JAMES A	
STREET ADDRESS	1001 E BUSINESS HWY 98	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GREENBERG, CHARLES	
STREET ADDRESS	2 MANHATTANVILLE ROAD	
CITY-ST-ZIP	PURCHASE NY	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	JEPSON, JOHN R	
STREET ADDRESS	2 MANHATTANVILLE RD	
CITY-ST-ZIP	PURCHASE NY 10577	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	KLIMAN, THOMAS A	
STREET ADDRESS	6400 POPLAR AVENUE	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	FINNEGAN, JOHN	
STREET ADDRESS	6400 POPLAR AVE	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCLAUGHLIN, ELLEN	
STREET ADDRESS	2 MANHATTANVILLE RD	
CITY-ST-ZIP	PURCHASE NY 10577	

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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robert C. McPhillips
3.3 STREET ADDRESS	2 Manhattanville Rd.
3.4 CITY-ST-ZIP	Purchase, NY 10577
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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]* **John R. Finnegan** Date: **7/29/99** Daytime Phone #: **(901) 763-6000**

CR2E034 (5/99)