

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 08 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 850209 (8)**  
 1. Corporation Name  
**ALLIED CHEMICAL CORPORATION**



Principal Place of Business <b>101 COLUMBIA RD                  P.O. BOX 1057 - TAX DEPT                  MORRISTOWN NJ 07962</b>	Mailing Address <b>101 COLUMBIA RD                  P.O. BOX 1057 - TAX DEPT                  MORRISTOWN NJ 07962</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/01/1981</b>	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>22-2338767</b>	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24. Zip		29. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM                  1200 S. PINE ISLAND ROAD                  PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
81. Name				85. Zip Code	
82. Street Address (P.O. Box Number is Not Acceptable)				FL	
83.					
84. City					

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICK, VICTOR P Schedule Attached	1.2 NAME	
STREET ADDRESS	101 COLUMBIA RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN NJ 07962	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINAKIN, RONALD X	2.2 NAME	
STREET ADDRESS	101 COLUMBIA RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN NJ 07962	2.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWNSTEIN, PAUL H	3.2 NAME	
STREET ADDRESS	101 COLUMBIA RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN NJ	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, DENNIS X	4.2 NAME	
STREET ADDRESS	101 COLUMBIA ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN NJ 07962	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMBLE, JOHN X	5.2 NAME	
STREET ADDRESS	101 COLUMBIA ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN NJ 07962	5.4 CITY-ST-ZIP	
TITLE	AVP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWNSTEIN, PAUL	6.2 NAME	
STREET ADDRESS	101 COLUMBIA RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN NJ 07962	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)(i), 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: *Paul H. Brownstein* Paul H. Brownstein 4/27/98 973-455-4037

CR2E034 (10/97)

04/24/98

Officers and Directors - Business Address

Allied Chemical Corporation

<u>Name</u>	<u>Title</u>	<u>Business Address</u>
Paul Brownstein	Assistant Vice President-Taxes	AlliedSignal Inc. 101 Columbia Road Morristown, NJ 07962
John Gamble Jr.	Treasurer	AlliedSignal Inc. 101 Columbia Road Morristown, NJ 07962
Dennis Marshall	Director President	AlliedSignal Inc. 101 Columbia Road Morristown, NJ 07962
Victor Patrick	Director Vice President and Secretary	AlliedSignal Inc. 101 Columbia Road Morristown, NJ 07962
Ronald Sinaikin	Vice President-Taxes	AlliedSignal Inc. 101 Columbia Road Morristown, NJ 07962