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 # **853020** **(6)**

1. Corporation Name
RIDGEWOOD CHEMICAL CORPORATION

Principal Place of Business
2300 CLAYTON ROAD
SUITE 1100
CONCORD CA 94520-2100

Mailing Address
2300 CLAYTON ROAD
SUITE 1100
CONCORD CA 94520-2100

3. Date Incorporated or Qualified: 06/01/1982
3a. Date of Last Report: 03/06/1995

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: 13-3018665 — 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
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: (Signature typed or printed name of registered agent and its title/capacity) (NOTE: Registered Agent signature required if no resignation) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HANTKE, WILIAM E	1.2 NAME	
STREET ADDRESS	72 CUMMINGS POINT RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD, CT 06902	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ALLEN, JEFFERSON F	2.2 NAME	
STREET ADDRESS	72 CUMMINGS POINT RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD, CT 06902	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MCCLAVE, WILKES III	3.2 NAME	000001733150
STREET ADDRESS	72 CUMMINGS POINT RD	3.3 STREET ADDRESS	-03/05/96--01116--015
CITY-ST-ZIP	STAMFORD CT	3.4 CITY-ST-ZIP	***200.00
TITLE	AS ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GROSS, ARTHUR	4.2 NAME	
STREET ADDRESS	2300 CLAYTON ROAD, SUITE 1100	4.3 STREET ADDRESS	
CITY-ST-ZIP	CONCORD CA 94520-2100	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	MC CLAVE, WILKES, III	5.2 NAME	
STREET ADDRESS	72 CUMMINGS POINT ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CO	5.4 CITY-ST-ZIP	Stamford, Connecticut
TITLE	T ☐ DELETE	6.1 TITLE	XX Change ☐ Addition
NAME	HANKE, WILLIAM E	6.2 NAME	HANTKE
STREET ADDRESS	72 CUMMINGS POINT RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	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: Arthur L. Gross
Assistant Secretary — 2/28/96 — 510/602-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)