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Mar 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 94520-2149



| | |
|--|--|
| 3. Date Incorporated or Qualified 06/01/1982 | 3a. Date of Last Report 03/05/1996 |
| 4. FEI Number 13-3018665 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Country |
| 24 Country | 29 Zip |
| 25 Country | 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 | 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PSTD HANTKE, WILLIAM E 72 CUMMINGS POINT RD. STAMFORD, CT 06902 | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D ALLEN, JEFFERSON F 72 CUMMINGS POINT RD. STAMFORD, CT 06902 | 1.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | D MCCLAVE, WILKES III 72 CUMMINGS POINT RD STAMFORD CT | 1.3 STREET ADDRESS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| CITY-ST-ZIP | AS GROSS, ARTHUR 2300 CLAYTON ROAD, SUITE 1100 CONCORD CA 94520-2100 | 1.4 CITY-ST-ZIP | 06902 |
| TITLE | D MC CLAVE, WILKES, III 72 CUMMINGS POINT ROAD STAMFORD CT | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | T HANTKE, WILLIAM E 72 CUMMINGS POINT RD STAMFORD CT | 2.2 NAME | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 4500 S. 40th Street Phoenix, AZ 85040 |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | 06902 |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 06902 |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | 06902 |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 06902 |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | 06902 |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 06902 |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | 06902 |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 6.2 NAME | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 06902 |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | 06902 |

14. I do 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: *Arthur L. Gross* Arthur L. Gross, Assistant Secretary 2/26/97 602/437-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)