

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

25 MAY - 1 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 857907 (0)

1. Corporation Name
BAKER PERFORMANCE CHEMICALS INCORPORATED

Principal Place of Business Mailing Address
**3920 ESSEX LANE 3920 ESSEX LANE
P.O. BOX 27714 P.O. BOX 27714
HOUSTON TX 77227-4714 HOUSTON TX 77227-4714**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/28/1983** 3a. Date of Last Report **05/01/1994**
4. FEI Number **95-1689983** 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**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes 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 Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH 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 _____ DATE _____
Signature, typed or printed name of registered agent and title (required) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP
PD **BASSETT, M. G.
15807 RIVER ROADS DR.
HOUSTON TX**
VST **TRIPODO, ANTHONY
2734 ARBUCKLE
HOUSTON TE**
D **TRIPODO, ANTHONY
2734 ARBUCKLE
HOUSTON TX**
V **TREVINO, R.
412 FALLING LEAF
FRIENDSWOOD TX**
VP **BRICE, J W III
3738 BROOKVALE COURT
KINGWOOD TX**
D **LUKENS, M. L.
6616 BELMONT
HOUSTON TX**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **1200Z CHATAM LAWS**
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS **2347 ALBANS**
2.4 CITY - ST - ZIP **HOUSTON, TX 77005**
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS **2347 ALBANS**
3.4 CITY - ST - ZIP **HOUSTON, TX 77005**
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 **3415 ALBANS**
6.4 CITY - ST - ZIP **HOUSTON, TX 77345**

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)(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 or changed, or in an attachment, with an address.

SIGNATURE: Anthony Tripodo (713) 549-7400
Signature and typed or printed name of signing officer or director Date Telephone #