

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified: **09/28/1983** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **95-1689983** 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

2. Principal Place of Business 2a. Mailing Address
21 **3900 Essex Lane** 26 **3900 Essex Lane**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **P.O. Box 27714** 27 **P.O. Box 27714**
City & State City & State
23 **Houston, Tx** 28 **Houston, Tx**
Zip Country Zip Country
24 **77227** 25 29 **77227** 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 in block, must appear at the end of the line. DATE: Day, Month, Year. Signature required after the filing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASSETT, M. G.	1.2 NAME	
STREET ADDRESS	12002 CHATAM LANE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	HOUSTON TX	1.4 CITY-STATE-ZIP	
TITLE	VST	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIPODO, ANTHONY	2.2 NAME	
STREET ADDRESS	2347 ALBAHS	2.3 STREET ADDRESS	2347 ALBAHS
CITY-STATE-ZIP	HOUSTON TX	2.4 CITY-STATE-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIPODO, ANTHONY	3.2 NAME	
STREET ADDRESS	2347 ALBAHS	3.3 STREET ADDRESS	2347 ALBAHS
CITY-STATE-ZIP	HOUSTON TX	3.4 CITY-STATE-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREVINO, R.	4.2 NAME	
STREET ADDRESS	412 FALLING LEAF	4.3 STREET ADDRESS	
CITY-STATE-ZIP	FRIENDSWOOD TX	4.4 CITY-STATE-ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRICE, J W III.	5.2 NAME	
STREET ADDRESS	3738 BROOKVALE COURT	5.3 STREET ADDRESS	
CITY-STATE-ZIP	KINGWOOD TX	5.4 CITY-STATE-ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUKENS, M. L.	6.2 NAME	
STREET ADDRESS	3415 ALBAHS	6.3 STREET ADDRESS	3415 ALBAHS
CITY-STATE-ZIP	HOUSTON TX	6.4 CITY-STATE-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)(g), 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: *Anthony Tripodo* **Anthony Tripodo** **4/26/96** **(713)599-7400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day, Month, Year

CR2E034 (12/95)