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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 # 857907 (0)
1. Corporation Name
BAKER PERFORMANCE CHEMICALS INCORPORATED



Principal Place of Business: 3900 ESSEX LANE, P O BOX 27714, HOUSTON TX 77227 US
Mailing Address: 3900 ESSEX LANE, P O BOX 27714, HOUSTON TX 77227-7714 US

3. Date Incorporated or Qualified: 09/28/1983
3a. Date of Last Report: 05/01/1996
4. FEI Number: 95-1689983
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: 21 3900 ESSEX LANE, 22 P.O. BOX 27714, 23 HOUSTON, TEXAS, 24 77227, 25
2a. Mailing Address: 26 3900 ESSEX LANE, 27 P.O. BOX 27714, 28 HOUSTON, TEXAS, 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
85 Zip Code: FL

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
TITLE: PD, NAME: BASSETT, M. G., STREET ADDRESS: 12002 CHATAM LANE, CITY-ST-ZIP: HOUSTON TX
TITLE: VST, NAME: TRIPODO, ANTHONY, STREET ADDRESS: 2347 ALBANS, CITY-ST-ZIP: HOUSTON TX
TITLE: D, NAME: TRIPODO, ANTHONY, STREET ADDRESS: 2347 ALBANS, CITY-ST-ZIP: HOUSTON TX
TITLE: V, NAME: TREVINO, R., STREET ADDRESS: 412 FALLING LEAF, CITY-ST-ZIP: FRIENDSWOOD TX
TITLE: VP, NAME: BRICE, J W III, STREET ADDRESS: 3738 BROOKVALE COURT, CITY-ST-ZIP: KINGWOOD TX
TITLE: D, NAME: LUKENS, M. L., STREET ADDRESS: 3415 ALBANS, CITY-ST-ZIP: HOUSTON TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP
2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP
3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP
4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP
5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP
6.1 TITLE, 6.2 NAME, 6.3 STREET ADDRESS, 6.4 CITY-ST-ZIP

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 contained 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, 2/25/97 (713) 599-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)