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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 Mailing Address
3900 ESSEX LANE 3900 ESSEX LANE
P O BOX 27714 P O BOX 27714
HOUSTON TX 77227 HOUSTON TX 77227-7714
US US

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, TEXAS 28 HOUSTON, TEXAS
Zip Country Zip Country
24 77227 25 77227 30

3. Date Incorporated or Qualified 09/28/1983 3a. Date of Last Report 05/01/1996
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME BASSETT, M. G.
STREET ADDRESS 12002 CHATAM LANE
CITY-ST-ZIP HOUSTON TX
TITLE VST ☐ DELETE
NAME TRIPODO, ANTHONY
STREET ADDRESS 2347 ALBANS
CITY-ST-ZIP HOUSTON TX
TITLE D ☐ DELETE
NAME TRIPODO, ANTHONY
STREET ADDRESS 2347 ALBANS
CITY-ST-ZIP HOUSTON TX
TITLE V ☐ DELETE
NAME TREVINO, R.
STREET ADDRESS 412 FALLING LEAF
CITY-ST-ZIP FRIENDSWOOD TX
TITLE VP ☐ DELETE
NAME BRICE, J W III
STREET ADDRESS 3738 BROOKVALE COURT
CITY-ST-ZIP KINGWOOD TX
TITLE D ☐ DELETE
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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
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
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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/97 (713) 599-7400
Date Daytime Phone #

CR2E034 (9/96)