

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Aug 14 1996 8:00 am
Secretary of State

DOCUMENT # F92000000746 (9)

1. Corporation Name

RHONE-POULENC INC.



Principal Place of Business

Mailing Address

231 BLACK HORSE LANE
MONMOUTH JUNCTION NJ 08852
US

CN 5266
PRINCETON NJ 08543-5266

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

3. Date Incorporated or Qualified

12/16/1992

3a. Date of Last Report

12/06/1995

4. FEI Number

13-1576812

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD
NAME DESMAIRES CAUX, PHILIPPE
STREET ADDRESS 14-20 RUE PIERRE BAIZET
CITY- ST- ZIP BP 9184 LYON FRANCE ☐ DELETE

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

TITLE P
NAME NEFF, PETER J
STREET ADDRESS CN 5266
CITY- ST- ZIP PRINCETON NJ 08543-5266 ☐ DELETE

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

TITLE V
NAME ECKERT, DAVID D
STREET ADDRESS CN 7500, PROSPECT PLAINS RD
CITY- ST- ZIP CRANBURY NJ 08512-7500 ☐ DELETE

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

TITLE V
NAME KIRK, THOMAS F
STREET ADDRESS CN 5266
CITY- ST- ZIP PRINCETON NJ 08543-5266 ☒ DELETE

41 TITLE DIRECTOR, EXEC. VICE PRES
42 NAME HAROLD F. BOARDMAN
43 STREET ADDRESS CN 5266
44 CITY- ST- ZIP PRINCETON, NJ 08543-5266 ☒ Change ☐ Addition

TITLE AS
NAME IATESTA, JOHN
STREET ADDRESS CN 5266
CITY- ST- ZIP PRINCETON NJ 08543-5266 ☐ DELETE

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

61 TITLE SECRETARY
62 NAME JOHN P. DONAHUE
63 STREET ADDRESS CN 5266
64 CITY- ST- ZIP PRINCETON, NJ 08543-5266 ☐ Change ☒ Addition

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)(c), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John M. Iatesta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN M. IATESTA, ASST. SEC., 8/6/96 (908) 831-3572

CR2E034 (3/96)