SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

O SION CONTRACTOR OF WORLD

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9200000746 (9)

RHONE-POULENC INC.

Principal Place of Business

FILED
Sep 24 1998 8:00am
Secretary of State

|--|--|

PROSPECT PLA CN 7500 CRANBURY NJ US	ATTN: LEGAL DEPT				3. Date Ir 12/16/	DO NOT WRIT	E IN THIS	S PACE		
2. Principal Place Business 2. 2a. Mailin		2a. Mailing Address			4. FEI Nu				Applied For	
		4	CN 7500		13-1	<u>576812</u>			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27 Attn: Legal Dept.		5. Certific	ate of Status Desired		•	5 Additional Required		
City & State Bury, NJ		city & State 28 Cranbury, NJ			į.	n Campaign Financing und Contribution	\$5.00 May Be Added to Fees			
Zip 085	Country 25	29 085/2 30 Country				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
	9. Name and Address of Current	Registered Agent			10. Name	and Address of New Re	gistered	gent		
CT	CORPORATION SYSTEM		81	Name	9					
1200 SOUTH PINE ISLAND ROAD			82	Stree	t Address (P.O. Box	ddress (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324			83							
			84	City				85 2	ip Code	
<u> </u>							FL_	ـ ا ــــــــــــــــــــــــــــــــــ		
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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND		13.	gon ogn		ONS/CHANGES TO OFF		DIREC	CTORS IN 12	
TITLE	CD	DELETE	1.1 TITLE		Drector/Ch	WINDA OF THE BOO	rd	Chan	1	
NAME	DESMARESCAUX, PHILLIPPE	Α,	1.2 NAME		midul Ma	pu clo RP-12 Pierre Baiz	gèro		, ,.	
STREET ADDRESS	14-20 RUE PIERRE BAIZET		1.3 61 REE	ADDRES	714-20 ru	c Pierre Baiz	et			
CITY-ST-ZIP	BP 9164 LYON FRANCE	٠ . 4	TA CITY-ST	-21P	Lym, Frai	na 69009				
TITLE	P	X) DELETE	2.1 TITLE		President,		[Chan	ge 🔀 Addition	
NAME	ECKERT, DAVID D	{ ,	2.2 NAME		Alan Reads	I a T of Alay	ander	Div	,	
STREET ADDRESS	S CN 7500 PROSPECT PLAINS RD 2354		2.3 STREET	23 STREET ADDRESS PO BOX 12014, 2 T.W. Alexander Dr. Eggirvetzip Research Triangle Park, NC 2				4~		
CITY-ST-ZIP	CRANBURY NJ		24 CITY \$1	-ZIP	Keseaver	Triangle thy	K, NC			
TITLE	DEV	DELETE	3.1 TITLE		Via Pre	sident	[Chan	ge 🔀 Addition	
NAME	BOARDMAN, HAROLD F	/ .	3.2 NAME		Thierry.	Amat _ 1	10.00.00	الأرما		
STREET ADDRESS	CN 5266		3.3.STREET	ADDRESS	TPO BOX 112	014, 27.0.11	e xana	er br	7.0	
CITY-ST-ZIP	PRINCETON NJ		3.4 CITY-ST	-ZIP	Kesearch T	Amat 014, 27. W. Al Triangle Pav.	c, NC	$\sim \alpha t$	707	
TITLE	AS	☐ DELETE	4.1 TITLE			•	l	Chan	ge Addition	
NAME	IATESTA, JOHN		4.2 NAME							
STREET ADDRESS	CN 5266		4.3 STREET		·					
CITY-ST-ZIP	PRINCETON NJ 08543-5266		4.4 CITY-ST	-ZIP	<u> </u>		-	- 1		
TITLE	S CONTRIBUTE TOURS OF	DELETE	5.1 TITLE				l	Chan	ge	
NAME	DONAHUE, JOHN P		5.2 NAME	ADDDEC:						
STREET ADDRESS	CN 5266		5.3 STREET		·					
CITY-ST-ZIP	PRINCETON NJ	······································	5.4 CITY-S1	-ZIP				7 ~		
TITLE		DELETE	6.1 TITLE				į	Chan	ge Addition	
NAME		ļ	6.2 NAME	ADDOCCO	.					
STREET ADDRESS			63 STREET		`					
CITY-ST-ZIP	artify that the information supplied with the	nis filing does not qualify for the	6.4 CITY-ST exemption		I section 119.07/3\	i). Florida Statutes. I furth	ner certify t	hat the Ir	formation	
14. I 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 frustee 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.										