

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # F92000000999 (4)

95 FEB -9 AM 9: 55

1. Corporation Name
HARCROS PIGMENTS INC.

Principal Place of Business Mailing Address
**11 EXECUTIVE DRIVE, SUITE 1
FAIRVIEW HEIGHTS IL 62208** **11 EXECUTIVE DRIVE, SUITE 1
FAIRVIEW HEIGHTS IL 62208**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
12/31/1992 **05/01/1994**

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip

24. Country 29. Country

25. Country 30. Country

4. FEI Number Applied For
37-1302190 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

**THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301**

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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 signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WILKINSON, WILLIAM A
STREET ADDRESS 6 EXECUTIVE ESTATES *DELETE*
CITY - ST - ZIP MILLSTADT IL 62260

1.1 TITLE PD
1.2 NAME LINNENBRINGER, GERALD C.
1.3 STREET ADDRESS 1929 STILL CREEK PASS
1.4 CITY - ST - ZIP BALLWIN MO 63011
 Change Addition

TITLE I
NAME BECHER, DAVID G
STREET ADDRESS 684 TIMBERRIDGE
CITY - ST - ZIP ST CHARLES MO 63303

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
 Change Addition

TITLE S
NAME GOEDDEL, DAVID A
STREET ADDRESS 415 S CHURCH
CITY - ST - ZIP WATERLOO IL 62298

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
 Change Addition

TITLE D
NAME SAVAGE, PETER J
STREET ADDRESS ONE GREAT TOWER STREET
CITY - ST - ZIP LONDON ENGLAND *DELETE*

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
 Change Addition

TITLE D
NAME KRAMER, KENNETH W
STREET ADDRESS 33 TAI TAM ROAD
CITY - ST - ZIP HONG KONG

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
 Change Addition

TITLE VP
NAME LINNENBRINGER, GERALD C *DELETE*
STREET ADDRESS 1929 SPACE CREEK PASS
CITY - ST - ZIP BALLWIN MO

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
 Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:

David G. Becher

DAVID G. BECHER

1/30/95

618-628-2301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number