

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F92000000999 (4)**

1. Corporation Name
HARCROS PIGMENTS INC.



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

2. Principal Place of Business: **21** State, Apt. #, etc. **22** City & State **23** Zip **24** Country
2a. Mailing Address: **26** State, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

3. Date Incorporated or Qualified: **12/31/1992** 3a. Date of Last Report: **02/09/1995**
4. FEI Number: **37-1802190 05-0451513** 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
**THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301**

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 607.1502, 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 607.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINNENBRINGER, GERALD C	2. NAME	
STREET ADDRESS	1929 STILL CREEK PASS	3. STREET ADDRESS	
CITY-STATE-ZIP	BALLWIN MO	4. CITY-STATE-ZIP	
TITLE	T	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECHER, DAVID G	2. NAME	
STREET ADDRESS	684 TIMBERRIDGE	3. STREET ADDRESS	
CITY-STATE-ZIP	ST CHARLES MO 63303	4. CITY-STATE-ZIP	
TITLE	S	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOEDDEL, DAVID A	3. NAME	
STREET ADDRESS	415 S CHURCH	4. STREET ADDRESS	
CITY-STATE-ZIP	WATERLOO IL 62298	5. CITY-STATE-ZIP	
TITLE	D	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMER, KENNETH W	4. NAME	
STREET ADDRESS	33 TAI TAM ROAD	5. STREET ADDRESS	
CITY-STATE-ZIP	HONG KONG	6. CITY-STATE-ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5. NAME	DIRECTOR
STREET ADDRESS		6. STREET ADDRESS	DENNIS M. VALENTINO
CITY-STATE-ZIP		7. CITY-STATE-ZIP	4819 PIRESTONE COURT
TITLE		6. TITLE	ST. LOUIS MO 63112
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY-STATE-ZIP		8. CITY-STATE-ZIP	

14. I 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)(k), 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. 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 Becher* TREASURER 2/5/96 619 628-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE034 (12/95)