

**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

DOCUMENT # F93000001531 (3)

1. Corporation Name

RHONE-POULENC SURFACTANTS & SPECIALTIES, INC.



Principal Place of Business: **CN 7500, PROSPECT PLAINS RD, CRANBURY NJ 08512-7500**
Mailing Address: **CN 5266, PRINCETON NJ 08543-5266**

3. Date Incorporated or Qualified: **03/29/1993**
3a. Date of Last Report: **12/06/1995**
4. FEI Number: **22-3025453**
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

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

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
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 signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEFF, PETER J	1.2 NAME	
STREET ADDRESS	CN 5266	1.3 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON NJ 08543-5266	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, BERNARD	2.2 NAME	
STREET ADDRESS	3265 WOLFEDALE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MISSISSAUGA, ONTARIO, CANADA L5C1V-8	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRK, THOMAS T	3.2 NAME	DIRECTOR
STREET ADDRESS	CN 5266	3.3 STREET ADDRESS	PHIL FORTE
CITY-ST-ZIP	PRINCETON NJ 08543-5266	3.4 CITY-ST-ZIP	CN 7500, PROSPECT PLAINS RD
TITLE	V	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROY, OLIVER	4.2 NAME	VICE PRESIDENT
STREET ADDRESS	CN 7500, PROSPECT PLAINS RD	4.3 STREET ADDRESS	CHUCK JONGEWARD
CITY-ST-ZIP	CRANBURY NJ 08512-7500	4.4 CITY-ST-ZIP	CN 7500, PROSPECT PLAINS RD
TITLE	PO	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOX, JAMES	5.2 NAME	PRESIDENT
STREET ADDRESS	CN 7500, PROSPECT PLAINS RD	5.3 STREET ADDRESS	DAVID D ECHERT
CITY-ST-ZIP	CRANBURY NJ 08512-7500	5.4 CITY-ST-ZIP	CN 7500, PROSPECT PLAINS RD
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IATESTA, JOHN M	6.2 NAME	
STREET ADDRESS	CN 5266	6.3 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON NJ	6.4 CITY-ST-ZIP	

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)(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, 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* **JOHN M. IATESTA, SECRETARY 8/6/96 (908) 821-3572**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)