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FILED  
Apr 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/29/1993

3a. Date of Last Report

08/14/1996

4. FEI Number

22-3025453

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

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

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME             | STREET ADDRESS             | CITY - ST - ZIP                      | DELETE                              |
|-------|------------------|----------------------------|--------------------------------------|-------------------------------------|
| D     | FORTE, PHIL      | CN 7500 PROSPECT PLAINS RD | CRANBURY NJ                          | <input type="checkbox"/>            |
| VD    | WEST, BERNARD    | 3285 WOLFEDALE RD          | MISSISSAUGA, ONTARIO, CANADA L5C1V-8 | <input checked="" type="checkbox"/> |
| D     | NEFF, PETER J    | CN 5266                    | PRINCETON NJ                         | <input checked="" type="checkbox"/> |
| VP    | JONGEWARD, CHUCK | CN 7500 PROSPECT PLAINS RD | CRANBURY NJ                          | <input type="checkbox"/>            |
| P     | ECKERT, DAVID D  | CN 7500 PROSPECT PLAINS RD | CRANBURY NJ                          | <input type="checkbox"/>            |
| S     | IATESTA, JOHN M  | CN 5266                    | PRINCETON NJ                         | <input type="checkbox"/>            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 11 TITLE  | 12 NAME  | 13 STREET ADDRESS  | 14 CITY - ST - ZIP  | Change                   | Addition                            |
|-----------|----------|--------------------|---------------------|--------------------------|-------------------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/>            |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/>            |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/>            |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/>            |

14. I do 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 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:

*Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/97

(908) 821 3507

Date

Daytime Phone #

CR2E034 (9/96)