

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		03/29/1993	08/14/1996
22		27		4. FEI Number	Applied For
23		28		22-3025453	Not Applicable
24		29		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTE, PHIL	12 NAME	
STREET ADDRESS	CN 7500 PROSPECT PLAINS RD	13 STREET ADDRESS	
CITY-ST-ZIP	CRANBURY NJ	14 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	ASSITANT SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEST, BERNARD	2.2 NAME	ANTHONY SAVIANO
STREET ADDRESS	3285 WOLFEDALE RD	2.3 STREET ADDRESS	CN 5266
CITY-ST-ZIP	MISSISSAUGA, ONTARIO, CANADA L5C1V-8	2.4 CITY-ST-ZIP	PRINCETON, NJ 08543-5266
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEFF, PETER J	3.2 NAME	DAVID D. ECKERT
STREET ADDRESS	CN 5266	3.3 STREET ADDRESS	CN 7500, PROSPECT PLAINS RD.
CITY-ST-ZIP	PRINCETON NJ	3.4 CITY-ST-ZIP	CRANBURY, NJ 08512-7500
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONGEWARD, CHUCK	4.2 NAME	
STREET ADDRESS	CN 7500 PROSPECT PLAINS RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CRANBURY NJ	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECKERT, DAVID D	5.2 NAME	
STREET ADDRESS	CN 7500 PROSPECT PLAINS RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CRANBURY NJ	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	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 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: _____ DATE: 4/15/97 DAYTIME PHONE: (908) 921 3507

CR2E034 (9/96)