

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

Mar 05 1996 8:00 am
Secretary of State

DOCUMENT # F93000001615 (4)

1. Corporation Name

JONES CHEMICALS, INC.

Principal Place of Business

80 MUNSON STREET
LE ROY NY 14482

Mailing Address

80 MUNSON STREET
LE ROY NY 14482

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

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	D	<input type="checkbox"/> DELETE
NAME	JONES, MARJORIE	
STREET ADDRESS	298 PARK PLACE	
CITY-ST-ZIP	CALEDONIA NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RIZZO, SELBY	
STREET ADDRESS	78 EAST MAIN ST	
CITY-ST-ZIP	LEROY NY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BRUMBER, K R	
STREET ADDRESS	8 ALLENVIEW DRIVE	
CITY-ST-ZIP	BATAVIA NY 14020	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	PRICOLA, VITO	
STREET ADDRESS	10 BOGUE AVENUE	
CITY-ST-ZIP	BATAVIA NY 14020	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, R B	
STREET ADDRESS	TADMOR FARMS, NATIONS ROAD	
CITY-ST-ZIP	AVON NY 14414	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHERWOOD, ELIZABETH J	
STREET ADDRESS	2819 DENOON ROAD	
CITY-ST-ZIP	CALEDONIA NY 14423	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP D TREAS CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Raymond C. Buckley	
13 STREET ADDRESS	80 Munson Street	
14 CITY-ST-ZIP	LeRoy, NY 14482	
2.1 TITLE	D C P CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Jeffrey W. Jones	
23 STREET ADDRESS	80 Munson Street	
24 CITY-ST-ZIP	LeRoy, NY 14482	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Raymond C. Buckley
Raymond C. Buckley, Corp. ID#

02/26/96

Date

(716)768-6281

Daytime Phone

CR2E034 (12/95)