FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

1995 MAY -1 PM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **F93000005842 (0)**

1. Corporation Name

CYTEC INDUSTRIES INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5 GARRET MOUNTAIN PLAZA WEST PATERSON NJ 07424	5 GARRET MOUNTAIN PLAZA WEST PATERSON NJ 07424

3. Date Incorporated or Qualified: **12/23/1993**
3a. Date of Last Report: **04/29/1994**

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

4. FEI Number: **22-3268660** ☐ 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 S. PINE ISLAND RD.
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent, and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	FRY, DARRYL D	12 NAME	
STREET ADDRESS	FIVE GARRET MOUNTAIN PLAZA	13 STREET ADDRESS	
CITY-ST-ZIP	W. PATERSON NJ	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BURNS, GENE A	22 NAME	
STREET ADDRESS	560 SYLVAN AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ 07632-3104	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	ARMSTRONG, FREDERICK W	32 NAME	
STREET ADDRESS	477 PAUL AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	ALLENDALE NJ 07401	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	POWELL, WILLIAM P	42 NAME	
STREET ADDRESS	535 MADISON AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	44 CITY-ST-ZIP	
TITLE	VP	51 TITLE	☐ Change ☐ Addition
NAME	CRONIN, JAMES P	52 NAME	
STREET ADDRESS	FIVE GARRET MOUNTAIN PLAZA	53 STREET ADDRESS	
CITY-ST-ZIP	WEST PATERSON NJ	54 CITY-ST-ZIP	
TITLE		61 TITLE	TAW 5-1-95 ☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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: _____ JAMES P. CRONIN (201)357-3100
AVS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0094712 FP