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May 13 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 # F93000005842 (0)
1. Corporation Name

CYTEC INDUSTRIES INC.



Principal Place of Business

Mailing Address

5 GARRET MOUNTAIN PLAZA
WEST PATERSON NJ 07424

5 GARRET MOUNTAIN PLAZA
WEST PATERSON NJ 07424-3380

3. Date Incorporated or Qualified 12/23/1993	3a. Date of Last Report 05/01/1996
4. Fed Number 22-3268660	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FRY, DARRYL D	
STREET ADDRESS	FIVE GARRET MOUNTAIN PLAZA	
CITY-ST-ZIP	W. PATERSON NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURNS, GENE A	
STREET ADDRESS	580 SYLVAN AVE.	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ 07832-3104	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARMSTRONG, FREDERICK W	
STREET ADDRESS	477 PAUL AVE.	
CITY-ST-ZIP	ALLENDALE NJ 07401	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POWELL, WILLIAM P	
STREET ADDRESS	535 MADISON AVE.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CRONIN, JAMES P	
STREET ADDRESS	FIVE GARRET MOUNTAIN PLAZA	
CITY-ST-ZIP	WEST PATERSON NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	David Lilley	
1.3 STREET ADDRESS	5 Garret Mountain Plaza	
1.4 CITY-ST-ZIP	West Paterson, NJ 07424	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: *Richard J. Ferguson* Richard J. Ferguson-Asst. Secretary 4/30/97 (201) 357-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)