


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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90088 044 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000000439

1. Corporation Name
NALCO DIVERSIFIED TECHNOLOGIES, INC.



Principal Place of Business P.O. BOX 200 CHAGRIN FALLS OH 44022	Mailing Address P.O. BOX 200 CHAGRIN FALLS OH 44022
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/28/1994	
21	22	26	27	4. FEI Number 34-1716255	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HALLSON, P.J			1.2 NAME	m Krier		
STREET ADDRESS	7145 PINE ST			1.3 STREET ADDRESS	7145 Pine St		
CITY-ST-ZIP	CHAGRIN FALLS OH			1.4 CITY-ST-ZIP	Chagrin Falls OH 44022		
TITLE	V	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Assistant Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FRUIT, RICHARD E			2.2 NAME	C J Holderness		
STREET ADDRESS	7145 PINE ST.			2.3 STREET ADDRESS	One Nalco Center		
CITY-ST-ZIP	CHAGRIN FALLS OH 44022			2.4 CITY-ST-ZIP	Naperville IL 60563-1198		
TITLE	T	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RATLIFF, R.L			3.2 NAME	WG Marshall		
STREET ADDRESS	ONE NALCO CENTER			3.3 STREET ADDRESS	One Nalco Center		
CITY-ST-ZIP	NAPERVILLE IL			3.4 CITY-ST-ZIP	Naperville IL 60563-1198		
TITLE	AS	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RANCOURT, CATHERINE J			4.2 NAME			
STREET ADDRESS	7145 PINE ST.			4.3 STREET ADDRESS			
CITY-ST-ZIP	CHAGRIN FALLS OH			4.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GIOIMO, S.J.			5.2 NAME			
STREET ADDRESS	ONE NALCO CENTER			5.3 STREET ADDRESS			
CITY-ST-ZIP	NAPERVILLE IL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE: *Catherine J Rancourt* *Catherine J Rancourt* Date: **1/6/99** Daytime Phone #: **440-247-5006**

CR2E034 (11/98)