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

DOCUMENT # **F94000000552 (9)**

1. Corporation Name

HARRIS SPECIALTY CHEMICALS HOLDINGS, INC.

Principal Place of Business	Mailing Address
8570 PHILLIPS HWY STE 101 JACKSONVILLE FL 32256-8208 US	8570 PHILLIPS HWY STE 101 JACKSONVILLE FL 32256-8208 US

3. Date Incorporated or Qualified: **02/04/1994**

3a. Date of Last Report: **07/25/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26: 8300 College Blvd

Suite, Apt. #, etc — 22:

Suite, Apt. #, etc. — 27: Attn: Tax Dept

City & State — 23:

City & State — 28: Overland Park, KS

Zip — 24: Country — 25:

Zip — 29: 66210 Country — 30: USA

4. FEI Number: **59-3233945** ☐ 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

Signature, typed or printed name of registered agent and title if agent is a corporation — (NOTE: Registered Agent's signature required for filing) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CCEO	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	HARRIS, D. GEORGE		1.2 NAME		
STREET ADDRESS	399 PARK AVE.		1.3 STREET ADDRESS	399 Park Ave, 32nd Floor	
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP	10022	
TITLE	VPT	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	NICK, RICHARD J		2.2 NAME		
STREET ADDRESS	399 PARK AVE.		2.3 STREET ADDRESS	399 Park Ave, 32nd Floor	
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP	10022	
TITLE	VPAS	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	DONAHUE, RICHARD J		3.2 NAME		
STREET ADDRESS	399 PARK AVE.		3.3 STREET ADDRESS	399 Park Ave, 32nd Floor	
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP	10022	
TITLE	VPS	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	KILPATRICK, DONALD G		4.2 NAME		
STREET ADDRESS	399 PARK AVE.		4.3 STREET ADDRESS	399 Park Ave, 32nd Floor	
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP	10022	
TITLE	VC	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	PETROCELLI, ANTHONY J		5.2 NAME		
STREET ADDRESS	399 PARK AVE		5.3 STREET ADDRESS	399 Park Ave, 32nd Floor	
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP	10022	
TITLE	PCOO	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WOITZ, ARTHUR C		6.2 NAME		
STREET ADDRESS	8570 PHILLIPS HWY STE 101		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Robert Lester (904) 828-4923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #