

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 27 1997 8:00am  
Secretary of State

DOCUMENT # F94000000552 (9)

1. Corporation Name  
HARRIS SPECIALTY CHEMICALS HOLDINGS, INC.

Principal Place of Business

8570 PHILLIPS HWY  
STE 101  
JACKSONVILLE FL 32256-8208  
US

Mailing Address

ATTN: TAX DEPT  
8300 COLLEGE BLVD  
OVERLAND PARK KS 66210-1841  
US

2. Principal Place of Business

21 10245 Centurion Parkway,  
Suite, Apt. #, etc.  
22 North  
City & State  
23 Jacksonville, FL  
Zip  
4 32256 Country  
25 USA

2a. Mailing Address

26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29 Country  
30

3. Date Incorporated or Qualified

02/04/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3233945

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CCEO	<input type="checkbox"/> DELETE
NAME	HARRIS, D. GEORGE	
STREET ADDRESS	399 PARK AVENUE 32ND FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	NICK, RICHARD J	
STREET ADDRESS	399 PARK AVENUE 32ND FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	DONAHUE, RICHARD J	
STREET ADDRESS	399 PARK AVENUE 32ND FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	KILPATRICK, DONALD G	
STREET ADDRESS	399 PARK AVENUE 32ND FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	PETROCELLI, ANTHONY J	
STREET ADDRESS	399 PARK AVENUE 32ND FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	PCOO	<input checked="" type="checkbox"/> DELETE
NAME	WOITZ, ARTHUR C	
STREET ADDRESS	8570 PHILLIPS HWY STE 101	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D C CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	10022	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	10022	
3.1 TITLE	VPAS AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	10022	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	10022	
5.1 TITLE	D VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	500002203155	
5.3 STREET ADDRESS	-06/05/97--01064--041	
5.4 CITY-ST-ZIP	***165.00	
6.1 TITLE	PCOO D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	David Ayfe	
6.3 STREET ADDRESS	10245 Centurion Parkway, North	
6.4 CITY-ST-ZIP	Jacksonville, FL 32256	

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.

CR2E034 (9/96)

5-27-97