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 # **F94000000957 (0)**

1. Corporation Name

HEMPEL COATINGS (USA), INC.

Principal Place of Business

% JOEL BENETTI
6901 CAVALCADE
HOUSTON TX 77338

Mailing Address

% JOEL BENETTI
6901 CAVALCADE
HOUSTON TX 77338

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Changed: **02/25/1994**

3a. Date of Last Report: **03/14/1995**

4. FEI Number: **13-5610375** ☐ 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 607.0505 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	[ ] DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JULLIEN, PIERRE		1.2 NAME	
STREET ADDRESS	6901 CAVALCADE		1.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77338		1.4 CITY-ST-ZIP	
TITLE	V	[ ] DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BENETTI, JOEL		2.2 NAME	
STREET ADDRESS	6901 CAVALCADE		2.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77338		2.4 CITY-ST-ZIP	
TITLE	V	[ ] DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JAMIL, MUHAMMAD		3.2 NAME	
STREET ADDRESS	6901 CAVALCADE		3.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77338		3.4 CITY-ST-ZIP	
TITLE	STD	[ ] DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HENRY, PAUL J		4.2 NAME	
STREET ADDRESS	153 E. 53RD ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022		4.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	VAN RIJN, B.F.N.		5.2 NAME	
STREET ADDRESS	6901 CAVALCADE		5.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77338		5.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is correct and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attached sheet, with any title.

SIGNATURE: 3/29/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

CR2E034 (12/95)