

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # F94000001866 (2)**  
1. Corporation Name  
**PETROLANE INCORPORATED (PA)**



Principal Place of Business      Mailing Address

**460 N. GULPH RD.  
KING OF PRUSSIA PA 19406**      **460 N. GULPH RD.  
KING OF PRUSSIA PA 19406**

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

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>04/12/1994</b>	<b>08/22/1995</b>
4. FEI Number	Applied For
<b>23-2748730</b>	Not Applicable
5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST., #105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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	DT	<input type="checkbox"/> DELETE
NAME	<b>KNAUSS, ROBERT H</b>	
STREET ADDRESS	<b>460 N. GULPH RD.</b>	
CITY-ST-ZIP	<b>KING OF PRUSSIA PA</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>GRADY, R P</b>	
STREET ADDRESS	<b>460 N. GULPH RD.</b>	
CITY-ST-ZIP	<b>KING OF PRUSSIA PA 19406</b>	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	<b>GREENBERG, LON R</b>	
STREET ADDRESS	<b>460 N. GULPH RD.</b>	
CITY-ST-ZIP	<b>KING OF PRUSSIA PA 19406</b>	
TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	<b>MAUCH, ROBERT C</b>	
STREET ADDRESS	<b>460 N GULPH RD</b>	
CITY-ST-ZIP	<b>KING OF PRUSSIA RA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
3.2 NAME	<b>SECRETARY</b>
3.3 STREET ADDRESS	<b>ROBERT H. KNAUSS</b>
3.4 CITY-ST-ZIP	<b>460 N GULPH RD</b>
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 checked="" type="checkbox"/> Addition
5.2 NAME	<b>ASSISTANT TREASURER</b>
5.3 STREET ADDRESS	<b>SAMUEL R. MAURIELLO</b>
5.4 CITY-ST-ZIP	<b>460 N. GULPH RD</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>TREASURER</b>
6.3 STREET ADDRESS	<b>MICHAEL J. CUZZOLUNA</b>
6.4 CITY-ST-ZIP	<b>460 N. GULPH RD</b>

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)(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, unchanged, or on an attachment with an address.

SIGNATURE: *Michael J. Cuzzoluna*      4/18/96      (610) 337-1000

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

CR2E034 (12/95)

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Directors and Officers  
Petrolane Incorporated

12/12/1995

DIRECTORS:

Brendan P. Bovaird	Director
Robert C. Mauch	Director
David C. Riggan	Director

OFFICERS:

Robert C. Mauch	President & CEO
Brendan P. Bovaird	Vice President & General Counsel
R. Paul Grady	Vice President
David C. Riggan	VP-Finance and Accounting
Robert H. Knauss	Secretary
Michael J. Cuzzolina	Treasurer, Assistant Secretary
Richard R. Eynon	Controller
Samuel R. Mauriello	Assistant Treasurer

Took office 1/5/94