

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

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**Feb 11 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # F94000002259 (9)**

1. Corporation Name  
**BUSH BOAKE ALLEN INC.**



Principal Place of Business  
**7 MERCEDES DR.  
MONTVALE NJ 07645**

Mailing Address  
**7 MERCEDES DR.  
MONTVALE NJ 07645-1815**

3. Date Incorporated or Qualified  
**05/02/1994**

3a. Date of Last Report  
**01/26/1996**

4. FEI Number  
**13-2560391**

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

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

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BOYDEN, JULIAN W</b>	
STREET ADDRESS	<b>815 SUSSEX ROAD</b>	
CITY - ST - ZIP	<b>FRANKLIN LAKES NJ</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>DUNLEA, JOHN</b>	
STREET ADDRESS	<b>15A NASSIM RD. 01-05 NASSIM PARK</b>	
CITY - ST - ZIP	<b>SINGAPORE FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>BROWN, FRED W</b>	
STREET ADDRESS	<b>11 BENJAMIN COURT</b>	
CITY - ST - ZIP	<b>WOODCLIFF LAKE NJ</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DUNN, JON M.H.</b>	
STREET ADDRESS	<b>HAMPIT ROAD</b>	
CITY - ST - ZIP	<b>ESSEX EN</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>DUNDSON, JAMES H</b>	
STREET ADDRESS	<b>53 HOLDEN WAY</b>	
CITY - ST - ZIP	<b>UPMINSTER ES</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>MEANY, DENNIS M</b>	
STREET ADDRESS	<b>39 RODNEY STREET</b>	
CITY - ST - ZIP	<b>GLEN ROCK NJ</b>	

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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>EDWARDS, BRUCE J.</b>
4.3 STREET ADDRESS	<b>EAST TITHE BARN CHURCH END FELWERSHAM</b>
4.4 CITY - ST - ZIP	<b>BEFORDSHIRE, ENGLAND MK43 7JB</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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.

SIGNATURE: Dennis M Meany Date: 201-391-9870  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)