

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90002 019 \*\*\*150.00

**DOCUMENT # F94000002951**

1. Corporation Name  
HOECHST AGRI-VET, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 30 INDEPENDENCE BLVD. WARREN NJ 07060 US		Mailing Address P.O. BOX 4915 WARREN NJ 07060 US		3. Date Incorporated or Qualified 06/06/1994	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		4. FEI Number 22-3016152 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENZ, H.R.	1.2 NAME	SMEDLEY, R. W.
STREET ADDRESS	30 INDEPENDENCE BLVD.	1.3 STREET ADDRESS	30 INDEPENDENCE BLVD.
CITY-ST-ZIP	WARREN NJ	1.4 CITY-ST-ZIP	WARREN, NJ 07060
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, E A	2.2 NAME	
STREET ADDRESS	30 INDEPENDENCE BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WARREN NJ	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMEDLEY, R W	3.2 NAME	
STREET ADDRESS	30 INDEPENDENCE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WARREN NJ	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KACANI, J M	4.2 NAME	
STREET ADDRESS	30 INDEPENDENCE BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WARREN NJ	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, C	5.2 NAME	
STREET ADDRESS	30 INDEPENDENCE BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WARREN NJ 07060	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOBEL, R O	6.2 NAME	
STREET ADDRESS	30 INDEPENDENCE BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	WARREN NJ 07060	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

J. M. Kacani, Vice President 1/6/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

908-231-4383

CR2E034 (11/98)

244942-90002-19  
F94000002951

AGRI-VET INC.

OFFICERS:

Raymond W. Smedley	President	30 Independence Blvd. Warren, NJ 07060
Charles A. Carr	Treasurer	30 Independence Blvd. Warren, NJ 07060
John M. Kacani	Vice President	30 Independence Blvd. Warren, NJ 07060
Edmond A. Collins	Vice President & Secretary	30 Independence Blvd. Warren, NJ 07060
Robert O. Strobel	Assistant Secretary	30 Independence Blvd. Warren, NJ 07060

DIRECTORS:

Edmond A. Collins  
Michael E. Grom  
Raymond W. Smedley

10/8/98