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**Secretary of State** 

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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State ' DIVISION OF CORPORATIONS

## DOCUMENT # F9400004538

1. Corporation Name

NALCO/EXXON ENERGY CHEMICALS, INC.

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Principal Place	e of Business	Mailing Address				{	IB:II GAIIL BOILE	OIN OREH BIDDI	#11##  11##1 1#11 1##1
7701 HWY 90-A		7701 HWY 90-A							
SUGAR LAND TX 77478		SUGAR LAND TX 77478							
US		US				WRITE IN T	HIS SPACE		
						3. Date incorporated or Qua 08/31/1994	alifed 		
2. Principal P	lace of Business	2a. Mailing Address		-,		4. FEI Number			Applied For
21		26			_	<u>76-0444292</u>			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desir	red 🗆	•	5 Additional
22		27					Fee	e Required	
City & State	e	City & State				6. Election Campaign Finar	icing		<b>00</b> May Be
23		28				Trust Fund Contribution			led to Fees
Zip	Country	Zíp	Countr	ry		8. This corporation owes the	e current year		C30.
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	ent Registered Agent	8-	41 51		10. Name and Address of i	New Register	ed Agent	
СТ	CORPORATION SYSTEM		0	1 Nam	ie				
	) SOUTH PINE ISLAND ROAD		82	2 Stree	et Addre:	ss (P.O. Box Number is Not A	cceptable)		
	NTATION FL 33324		_						
rua	NIARON FE 33324		83	3					
			84	4 City				85	Zip Code
			-	1				<b>-L</b>	<u> </u>
								C all an action	a ita conjetarad
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the above	ve-name	ed corpoi	ration submits this statement for	or the purpose	or changing	g its registered
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a	uthorized by	y the co	ed corpoi rporation	ration submits this statement for i's board of directors. I hereby	or the purpose accept the ap	pointment a	s registered
office or n agent. I a	egistered agent, or both, in the State	e of Florida. Such change was a	uthorized by	y the co	ed corpoi rporation	ration submits this statement for 's board of directors. I hereby	or the purpose accept the ap	e of changing pointment a	s registered
office of reagent. I as	egistered agent, or both, in the State	e of Florida. Such change was a lations of, Section 607.0505, Flor	uthorized by rida Statute	y the co	rporation	's board of directors. I hereby	DATE	pointment a	s registered
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office of ragent. I a	egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered agent OFFICERS A	ent and title if applicable. (NOTE	uthorized by rida Statute	y the co	rporation	's board of directors. I hereby	DATE	pointment a	ctors in 12
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office of ragent. I as	egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered agent OFFICERS A	e of Florida, Such change was a lations of, Section 607.0505, Flor ent and title if applicable. (NOTE ND DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME	y the co	rporation	's board of directors. I hereby	DATE	AND DIRE	ctors in 12
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office or ragent. I at SIGNATURE  12.  11TLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered agency OFFICERS A D WEEBER, W S ONE NALCO CENTER NAPERVILLE IL D	a of Florida, Such change was a lations of, Section 607.0505, Florient and little if applicable.  ND DIRECTORS  DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME	y the co	re required v	's board of directors. I hereby when reinstating) ADDITIONS/CHANGES T	DATE	AND DIREC	CTORS IN 12
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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.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

MUSTICE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

03/15/99

Date

(630)305-1294