

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 13 1997 8:00am
Secretary of State

DOCUMENT #
1. Corporation Name

F94000004929 (5)

H-D POLYMER CORPORATION

Principal Place of Business

Mailing Address

12875 Scenic Highway
Baton Rouge, LA 70802

101 Columbia Road
Morristown, NJ 07962

3. Date Incorporated or Qualified
09/22/1994

3a. Date of Last Report
05/03/1996

2. Principal Place of Business

21 101 Columbia Rd.

2a. Mailing Address

26 c/o AlliedSignal Inc.

4. FEI Number
22-3019407

Applied For
Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Morristown, NJ

27 Morristown, NJ

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

24 Zip

Country

29 Zip

Country

24 07962

25 USA

29 07962

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
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	CDP	<input type="checkbox"/> DELETE
NAME	Poses, Frederic M	
STREET ADDRESS	101 Columbia Rd	
CITY-ST-ZIP	Morristown NJ 07962	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	Gamble Jr., John	
STREET ADDRESS	101 Columbia Rd	
CITY-ST-ZIP	Morristown NJ 07962	
TITLE	DVPS	<input type="checkbox"/> DELETE
NAME	Helfant, Martin	
STREET ADDRESS	101 Columbia Rd	
CITY-ST-ZIP	Morristown NJ 07962	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Hill, David	
STREET ADDRESS	101 Columbia Rd	
CITY-ST-ZIP	Morristown NJ 07962	
TITLE	AVPT	<input type="checkbox"/> DELETE
NAME	Brownstein, Paul	
STREET ADDRESS	101 Columbia Rd	
CITY-ST-ZIP	Morristown NJ 07962	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Williams, William	
STREET ADDRESS	101 Columbia Rd	
CITY-ST-ZIP	Morristown NJ 07962	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	Schedule Attached
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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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:

Paul H. Brownstein

Paul H. Brownstein

4/30/97

201-455-4037

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Post. V.P. - Taxes

Date

Daytime Phone #

CR2E034 (9/96)