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Jan 23 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 # F94000006221 (5)

1. Corporation Name
ENGELHARD DT, INC.



Principal Place of Business
101 WOOD AVENUE
ISELIN NJ 08830

Mailing Address
101 WOOD AVENUE
ISELIN NJ 08830-2703

3. Date Incorporated or Qualified
12/06/1994

3a. Date of Last Report
02/07/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
22-3256041

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COBER CORPORATE AGENTS, INC.
2601 SO. BAYSHORE DR., 19TH PL.
MIAMI FL 33133

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	DP	<input type="checkbox"/> DELETE
NAME	SCHAFFHAUSER, R.J.	
STREET ADDRESS	101 WOOD AVENUE	
CITY-ST-ZIP	ISELIN NJ 08830	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LATORRE, L.D.	
STREET ADDRESS	101 WOOD AVENUE	
CITY-ST-ZIP	ISELIN NJ 08830	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WEXLER, D.M.	
STREET ADDRESS	101 WOOD AVENUE	
CITY-ST-ZIP	ISELIN NJ 08830	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DORNBUSCH, A.A. II	
STREET ADDRESS	101 WOOD AVENUE	
CITY-ST-ZIP	ISELIN NJ 08830	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SPERDUTO, M.A.	
STREET ADDRESS	101 WOOD AVENUE	
CITY-ST-ZIP	ISELIN NJ 08830	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LATORRE, L.D.	
STREET ADDRESS	101 WOOD AVENUE	
CITY-ST-ZIP	ISELIN NJ 08830	

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0003574

CR2E034 (9/96)