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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F94000006221 (5) DOCUMENT #

ENGELHARD DT, INC.

Mailing Address Principal Place of Business 101 WOOD AVENUE 101 WOOD AVENUE ISELIN NJ 08830 ISELIN NJ 08830

## **FILED** Feb 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/06/1994 Applied For FEI Number 2a. Mailing Address 2. Principal Place of Business 22-3256041 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible Zip ☐ Yes □ No 29 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COBER CORPORATE AGENTS, INC. 2601 SO. BAYSHORE DR., 19TH PL. Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33133 83 Zip Code 84 City 85 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE ☐ Change Addition 1.1 TITLE TITLE **CR2E034** SCHAFFHAUSER, R.J. NAME 12 NAME 101 WOOD AVENUE 1.3 STREET ADDRESS STREET ADDRESS ISELIN NJ 08830 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition \_x Change DELETE 2.1 TITLE Vacant TITLE LATORRE, L.D. 2.2 NAME NAME 101 WOOD AVENUE 2.3 STREET ADDRESS STREET ADDRESS ISELIN NJ 08830 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3 1 TITLE TITLE WEXLER, D.M. 3.2 NAME NAME 101 WOOD AVENUE 3.3 STREET ADDRESS STREET ADDRESS ISELIN NJ 08830 3.4. CITY-ST-ZIP CITY - ST- ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE DORNBUSCH, A.A. II 4. 2 NAME NAME 101 WOOD AVENUE 4.3 STREET ADDRESS STREET ADDRESS ISELIN NJ 08830 4.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 5.1 TITLE TITLE SPERDUTO, M.A. 5.2 NAME NAME 101 WOOD AVENUE 5,3 STREET ADDRESS STREET ADDRESS ISELIN NJ 08830 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE Assistant Treasurer 6.1 TITLE TITLE Robert G. Rinninsland LATORRE, L.D. 6.2 NAME NAME 101 WOOD AVENUE 101 Wood Avenue STREET ADDRESS **63 STREET ADDRESS** 

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 of 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, oron as attachment with an address.

BE BESLUBED Commendens

SIGNATI IRE.