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FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F95000000203 (8)

1. Corporation Name

MCWHORTER TECHNOLOGIES, INC.

Principal Place of Business

400 E. COTTAGE AVE.
CARPENTERSVILLE IL 60110

Mailing Address

400 E. COTTAGE AVE.
CARPENTERSVILLE IL 60110

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/12/1995

4. FEI Number

36-3919940

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 C
NAME STEVENSON, JOHN
STREET ADDRESS 2120 PERSIMMON DR
CITY - ST - ZIP ST CHARLES IL

TITLE PSD
NAME NODLAND, JEFF
STREET ADDRESS 535 SPRUCE TREE DR
CITY - ST - ZIP CARY IL

TITLE D
NAME COLLINS, MICHELLE
STREET ADDRESS 801 S. PLYMOUTH COURT, UNIT R
CITY - ST - ZIP CHICAGO IL 60605

TITLE D
NAME HARRIS, D. GEORGE
STREET ADDRESS 60 E. END AVE, APT. 38A
CITY - ST - ZIP NEW YORK NY 10028

TITLE VT
NAME LOUISE TONOZZI-FREDERICK
STREET ADDRESS 9613 S. MENARD
CITY - ST - ZIP OAK LAWN IL

TITLE D
NAME JOHN G. JOHNSON, JR
STREET ADDRESS 1293 W. QUAIL HOLLOW LN
CITY - ST - ZIP PALATINE IL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE PD
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE S
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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

SIGNATURE: Louise Tonozzi-Fredrick LOUISE TONOZZI-FREDERICK 2/17/98 (847) 428-2657

CR2E034 (10/97)