FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000001192 (2)**

1. Corporation Name

BASF MAGNETICS CORPORATION

Principal Place of Business	Mailing Address
35 CROSBY DR. BEDFORD MA 01730	35 CROSBY DR. BEDFORD MA 01730

3. Date Incorporated or Qualified: **03/13/1995**
3a. Date of Last Report:

2. Principal Place of Business
21 c/o BASF
Suite, Apt. #, etc.
22 3000 Continental Dr. - North
City & State
23 Mount Olive, NJ
Zip 24 07828-1234 Country 25

2a. Mailing Address
26 3000 Continental Dr. - North
Suite, Apt. #, etc.
27 Mount Olive, NJ 07828-1234
City & State
28
Zip 29 07828-1234 Country 30

4. FEI Number: **04-3249719** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	HEALION, JOHN J		1.2 NAME		
STREET ADDRESS	35 CROSBY DR.		1.3 STREET ADDRESS	9 Oak Park Drive	
CITY-ST-ZIP	BEDFORD MA 01730		1.4 CITY-ST-ZIP	Ridgefield, MA 01730	
TITLE	TD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	BOEHM, KLAUS J		2.2 NAME	Mark A. Kerschner	
STREET ADDRESS	3000 CONTINENTAL DR. - N.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MT. OLIVE NJ 07828		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	VOSCHERAU, EGGERT		3.2 NAME		
STREET ADDRESS	3000 CONTINENTAL DR. - N.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MT. OLIVE NJ 07828		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HILL, GEORGE T		4.2 NAME		
STREET ADDRESS	3000 CONTINENTAL DR. - N.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MT. OLIVE NJ 07828		4.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	HIMES, THOMAS A		5.2 NAME	Philip E. Kaplan	
STREET ADDRESS	3000 CONTINENTAL DR. - N.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MT. OLIVE NJ 07828		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ Philip E. Kaplan 4-12-96 (201) 426-3068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Assistant Secretary