SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600000534 (5)

FILED Aug 11 1997 8:00am Secretary of State

LILLY INDUSTRIES (USA), INC. Principal Place of Business Mailing Address 733 SOUTH WEST ST. 733 SOUTH WEST ST. INDIANPOLIS IN 46225 INDIANPOLIS IN 46225 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 01/31/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 35-1965800 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes □ No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DAVIS, JERRY 81 Name 2355 SW 66TH TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) **DAME FL 33317** 83 84 City Zip Code 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE ☐ Change Addition HUEMME, DOUGLAS W NAME 1.2 NAME 733 SOUTH WEST ST. STREET ADDRESS 1.3 STREET ADDRESS **INDIANPOLIS IN 46225** CITY-ST-ZIP 1.4 CITY-ST-ZIP **VSCO** DELETE TITLE Change 2.1 TITLE Addition KLUSAS, ROMAN J NAME 2.2 NAME 733 SOUTH WEST ST. STREET ADDRESS 2.3 STREET ADDRESS INDIANPOLIS IN 46225 CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition MILLS, KENNETH L NAME 3.2 NAME 733 SOUTH WEST ST. STREET ADDRESS 3.3 STREET ADDRESS **INDIANPOLIS IN 46225** CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME WILLIAM C. DORRIS STREET ADDRESS 4.3 STREET ADDRESS 733 SOUTH WEST ST. CITY-ST-ZIP 4.4 CITY-ST-ZIP INDIANAPOLIS, IN 46225 TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIF

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.

CIGNATURE

7-74-97 817-681-670