

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000003801

1. Entity Name  
CYTEC ACRYLIC FIBERS INC.

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90010 038 \*\*\*550.00

Principal Place of Business  
1801 CYANAMID ROAD  
MILTON FL 32571

Mailing Address  
2600 DOUGLAS ROAD  
SUITE 807  
CORAL GABLES FL 33134

2. Principal Place of Business  
5201 Blue Lagoon Drive  
Suite, Apt. #, etc.  
Suite 888

3. Mailing Address  
5201 Blue Lagoon Drive  
Suite, Apt. #, etc.  
Suite 888

City & State  
Miami, FL 33126

City & State  
Miami, FL 33126

Zip Country  
Country

4. FEI Number 59-3390971

Applied For  
Not Applicable

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



DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

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

## 11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRONIN, JAMES P 5 GARRET MOUNTAIN PLAZA WEST PATERSON NJ 07424	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKMAN, EDWARD F 5 GARRET MOUNTAIN PLAZA WEST PATERSON NJ 07424	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FERGUSON, RICHARD T 5 GARRET MOUNTAIN PLAZA WEST PATERSON NJ 07424	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERA, VICTOR 5 GARRET MOUNTAIN PLAZA WEST PATERSON NJ 07424	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Geldmaker, Fred W. 5 Garret Mountain Plaza West Paterson, NJ 07424	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President & Controller <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-10-00 973-357-3100  
Date Daytime Phone #

CR2E034 (5/00)