

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

FILED

Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000004873 (3)

1. Corporation Name
DIVERSEY LEVER, INC.

Principal Place of Business
14496 SHELDON RD., #210
PLYMOUTH MI 48170

Mailing Address
800 SYLVAN AVE.
A-69
ENGLEWOOD CLIFFS NJ 07632
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 800 SYLVAN AVE 27 Suite, Apt. #, etc. 28 A-24 29 City & State 30 ENGLEWOOD CLIFFS, N.J. 31 Zip 32 07632 33 Country 34 BERGEN	3. Date Incorporated or Qualified 09/23/1996 4. FEI Number 62-1631875 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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, type or printed name of registered agent and fee, if applicable

(NOTE - Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTDC	1.1 TITLE	PRESIDENT
NAME	ALLGROVE, JEFFREY W	1.2 NAME	G.M. Griesbeck
STREET ADDRESS	390 PARK AVE.	1.3 STREET ADDRESS	1000 RIDGEWAY LOOP Rd.
CITY-ST-ZIP	NEW YORK NY 10022	1.4 CITY-ST-ZIP	MEMPHIS, TN 38120-4024
TITLE	VD	2.1 TITLE	VICE PRESIDENT & CFO
NAME	SOIEFER, RONALD M	2.2 NAME	A. HUGHES
STREET ADDRESS	390 PARK AVE.	2.3 STREET ADDRESS	1000 RIDGEWAY LOOP Rd
CITY-ST-ZIP	NEW YORK NY 10022	2.4 CITY-ST-ZIP	MEMPHIS, TN 38120-4024
TITLE	SD	3.1 TITLE	VICE PRESIDENT
NAME	HOOLIHAN, THOMAS J	3.2 NAME	M. LAJUS
STREET ADDRESS	390 PARK AVE.	3.3 STREET ADDRESS	390 PARK AVENUE
CITY-ST-ZIP	NEW YORK NY 10022	3.4 CITY-ST-ZIP	New York, NY 10022-4698
TITLE	S	4.1 TITLE	
NAME	STRICKLAND, DAVID J III	4.2 NAME	
STREET ADDRESS	390 PARK AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  D.J. STRICKLAND III 1/9/98

CR2E034 (10/97)