

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

FILED

Mar 13 1998 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # F97000000240 (8)

1. Corporation Name  
UCB CHEMICALS CORPORATION

Principal Place of Business

2000 LAKE PARK DRIVE  
SMYRNA GA 30080

Mailing Address

2000 LAKE PARK DRIVE  
SMYRNA GA 30080



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

26. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/15/1997

4. FEI Number

63-0782796

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 N/A

9. Name and Address of Current Registered Agent

C T 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE  
NAME PD  
STREET ADDRESS DE PRYCKER, WERNER  
CITY-ST-ZIP UCB, SA AVENUE LOUISE 326  
B-1050 BRUSSELS, BELGIUM

TITLE ☒ DELETE  
NAME T  
STREET ADDRESS VERDONCK, RAPHAEL  
CITY-ST-ZIP 2000 LAKE PARK DRIVE  
SMYRNA GA

TITLE ☐ DELETE  
NAME S  
STREET ADDRESS GAYNOR JR, J M  
CITY-ST-ZIP 1950 LAKE PARK DRIVE  
SMYRNA GA

TITLE ☒ DELETE  
NAME VD  
STREET ADDRESS TOOMEY, MICHAEL  
CITY-ST-ZIP 2000 LAKE PARK DRIVE  
SMYRNA GA

TITLE ☐ DELETE  
NAME V  
STREET ADDRESS BAYER, WILLIAM  
CITY-ST-ZIP 2000 LAKE PARK DRIVE  
SMYRNA GA

TITLE ☐ DELETE  
NAME V  
STREET ADDRESS COOLS, PABLO  
CITY-ST-ZIP 2000 LAKE PARK DRIVE  
SMYRNA GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME P  
1.3 STREET ADDRESS Kemmerer, Rich  
1.4 CITY-ST-ZIP 2000 Lake Park Drive  
Smyrna GA 30080

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME T  
2.3 STREET ADDRESS Jean-Christophe Ponk  
2.4 CITY-ST-ZIP 2000 Lake Park Drive  
Smyrna GA 30080

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

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME V  
4.3 STREET ADDRESS Mike O'Brien  
4.4 CITY-ST-ZIP 2000 Lake Park Dr.  
Smyrna GA 30080

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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; 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:



2/18/98

770 801 3213

CR2E034 (10/97)