

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

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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90291 027 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000003386

1. Corporation Name
BETZDEARBORN, INC.



Principal Place of Business 4636 SOMERTON ROAD TREVOSE PA 19053	Mailing Address 4636 SOMERTON ROAD TREVOSE PA 19053
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/15/1998	
21		26		4. FEI Number 23-1503731	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip Country		29. Zip Country		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOK, W R	1.2 NAME	L. Rankin
STREET ADDRESS	4636 SOMERTON ROAD	1.3 STREET ADDRESS	1313 N. Market Street
CITY-ST-ZIP	TREVOSE PA 19053	1.4 CITY-ST-ZIP	Wilmington, DE 19894-0001
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RANKIN, L V	2.2 NAME	R. Potter
STREET ADDRESS	4636 SOMERTON ROAD	2.3 STREET ADDRESS	1313 N. Market Street
CITY-ST-ZIP	TREVOSE PA 19053	2.4 CITY-ST-ZIP	Wilmington, DE 19894-0001
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANSEN, L R	3.2 NAME	L. J. Floyd
STREET ADDRESS	4636 SOMERTON ROAD	3.3 STREET ADDRESS	1313 N. Market Street
CITY-ST-ZIP	TREVOSE PA 19053	3.4 CITY-ST-ZIP	Wilmington, DE 19894-0001
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POTTER, R S	4.2 NAME	P. Heinz
STREET ADDRESS	4636 SOMERTON ROAD	4.3 STREET ADDRESS	1313 N. Market Street
CITY-ST-ZIP	TREVOSE PA 19053	4.4 CITY-ST-ZIP	Wilmington, DE 19894-0001
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOYER, J W JR	5.2 NAME	R. K. Elliott
STREET ADDRESS	4636 SOMERTON ROAD	5.3 STREET ADDRESS	317 Kennett Pike
CITY-ST-ZIP	TREVOSE PA 19053	5.4 CITY-ST-ZIP	Mendenhall, PA 19357
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRENNAN, P F	6.2 NAME	V. J. Corbo
STREET ADDRESS	4636 SOMERTON ROAD	6.3 STREET ADDRESS	5 Southview Path
CITY-ST-ZIP	TREVOSE PA 19053	6.4 CITY-ST-ZIP	Chadds Ford, PA 19317

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, with a different like empowered.

SIGNATURE: *D. R. Peirson* D. R. Peirson 4/13/99 (302) 594-5000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)