

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90174 013 ***150.00

DOCUMENT #

1. Entity Name: F98000003386

BETZDEARBORN, INC.

C0057388

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-1503731

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 South Pine Island Road
 Plantation, FL 33324

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

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

(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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Exec. VP	<input type="checkbox"/> Delete
NAME	Dominick W. DiDonna	
STREET ADDRESS	7111 Pheasant Run	
CITY-ST-ZIP	Kennett Square, PA 19348	
TITLE	VP & CFO	<input type="checkbox"/> Delete
NAME	George MacKenzie	
STREET ADDRESS	360 High Ridge Road	
CITY-ST-ZIP	Chadds Ford, PA 19317	
TITLE	VP, Treasurer	<input type="checkbox"/> Delete
NAME	Stuart C. Shears	
STREET ADDRESS	427 Marlboro Road	
CITY-ST-ZIP	Kennett Square, PA 19348	
TITLE	VP, Secretary	<input type="checkbox"/> Delete
NAME	Israel J. Floyd	
STREET ADDRESS	5 Blueberry Court	
CITY-ST-ZIP	Hockessin, DE 19707	
TITLE	VP, Tax	<input type="checkbox"/> Delete
NAME	Bruce W. Jester	
STREET ADDRESS	210 Deergass Road	
CITY-ST-ZIP	Hockessin, DE 19707	
TITLE	M.J. Scott, VP Controller	<input type="checkbox"/> Delete
NAME	1 Montchanin Road	
STREET ADDRESS	Wilmington, DE 19710	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *BW Jester* *Dye*
 Bruce W. Jester, VP Tax 4/5/01 302-594-5235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)