

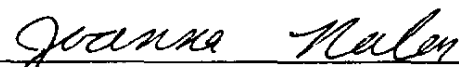


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 MAY -4 PM 4: 09 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # M96000000144		1a. Principal Place of Business Address	
POLYMER TECHNOLOGIES OF TENNESSEE, LLC 835 INDUSTRIAL DRIVE HUNTINGDON TN 38344				1255 INDUSTRIAL DRIVE HUNTINGDON TN 38344	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		12946 SW DAVID DR		04/23/1996	
City & State		City & State		3a. State of Formation	
Zip		Zip		TN	
Country		Country		4. FEI Number	
34266-3753		USA		62-1624562	
				5. Date of Last Report	
				10/01/1997	
7. Name and Address of Current Registered Agent		6. Certificate of Status Desired			
NOLAN, DAWN M 12946 S.W. DAVID DR. ARCADIA FL 34266		8. Name and Address of New Registered Agent/Office			
		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, etc.			
		City			
		Zip Code			
		FL			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	NOLAN, DAWN M	12946 S.W. DAVID DRIVE		ARCADIA FL	
MGR	NOLAN, JOANNA	12946 S.W. DAVID DR.		ARCADIA FL	
					

11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4-30-98