

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P05198 (7)**

1. Corporation Name  
**WITCO CORPORATION**



Principal Place of Business: **ONE AMERICAN LANE GREENWICH CT 06831 US**  
Mailing Address: **ONE AMERICAN LANE GREENWICH CT 06831 US**

3. Date Incorporated or Qualified: **03/05/1985**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **13-1870000**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**  
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. 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 **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: \_\_\_\_\_ (DATE) \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	TOLLER, WILLIAM R	
STREET ADDRESS	ONE AMERICAN LANE	
CITY-STATE-ZIP	GREENWICH CT	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MAHONEY, WILLIAM	
STREET ADDRESS	ONE AMERICAN LANE	
CITY-STATE-ZIP	GREENWICH CT	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	DUSTIN, MCCOY	
STREET ADDRESS	ONE AMERICAN LANE	
CITY-STATE-ZIP	GREENWICH CT	
TITLE	GWF	<input type="checkbox"/> DELETE
NAME	FULLWOOD, MICHAEL	
STREET ADDRESS	ONE AMERICAN LANE	
CITY-STATE-ZIP	GREENWICH CT	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	RUTLEDGE, JAMES M	
STREET ADDRESS	ONE AMERICAN LANE	
CITY-STATE-ZIP	GREENWICH CT	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ANTHONY, NICHOLAS	
STREET ADDRESS	ONE AMERICAN LANE	
CITY-STATE-ZIP	GREENWICH CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *N. A. Anthony* Assistant Secretary 4/18/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (12/95)