FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 7:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****208.75 ****208.75

DOCUMENT # P06802

1. Corporation Name
Polymerland, Inc.

Principal Place of Business	Mailing Address
501 Avery Street Parkersburg, WV 26101 US	Marianne Stroup GE Plastics One Plastics Ave. Pittsfield, MA 01201

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/19/1985
3a. Date of Last Report: 02/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26: Marianne Stroup / GE Plastics

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27: One Plastics Ave

City & State — 23
City & State — 28: Pittsfield, MA

Zip — 24
Country — 25
Zip — 29: 01201
Country — 30: US

4. FEI Number: 55-0647975 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

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 **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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C/D	11 TITLE	☐ Change ☐ Addition
NAME	Rogers, G.L.	12 NAME	T.S. 4/26/95
STREET ADDRESS	One Plastics Avenue	13 STREET ADDRESS	
CITY-ST-ZIP	Pittsfield, MA 01201	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	Bedilion, R.D.	22 NAME	
STREET ADDRESS	501 Avery St.	23 STREET ADDRESS	
CITY-ST-ZIP	Parkersburg, WV 26101	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	Jeffrey R. Immelt	32 NAME	
STREET ADDRESS	One Plastics Avenue	33 STREET ADDRESS	
CITY-ST-ZIP	Pittsfield, MA 01201	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	Nesbeda, E.P.	42 NAME	
STREET ADDRESS	One Plastics Avenue	43 STREET ADDRESS	
CITY-ST-ZIP	Pittsfield, MA 01201	44 CITY-ST-ZIP	
TITLE	MS	51 TITLE	☐ Change ☐ Addition
NAME	Marianne Stroup	52 NAME	
STREET ADDRESS	One Plastics Avenue	53 STREET ADDRESS	
CITY-ST-ZIP	Pittsfield, MA 01201	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	Brust, R.H.	62 NAME	
STREET ADDRESS	One Plastics Avenue	63 STREET ADDRESS	
CITY-ST-ZIP	Pittsfield, MA 01201	64 CITY-ST-ZIP	

Change from 1994 Report

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)(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.

SIGNATURE: Marianne Stroup 4/10/95 413-448-4664
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #