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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P06802** **(3)**

1. Corporation Name
POLYMERLAND, INC.

Principal Place of Business	Mailing Address
501 AVERY ST PARKERSBURG WV 26101 US	MARIANNE STRROUP. GE PLASTICS ONE PLASTICS AVE. PITTSFIELD MA 01201-3662 US

3. Date Incorporated or Qualified: 07/19/1985	3a. Date of Last Report: 02/14/1996
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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	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 **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 of, or 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	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROGERS, G. L.		1.2 NAME		
STREET ADDRESS	ONE PLASTICS AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PITTSFIELD MA		1.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	2.1 TITLE	President	☐ Change ☒ Addition
NAME	BEDILION, R.D.		2.2 NAME	Peter N. Foss	
STREET ADDRESS	501 AVERY ST		2.3 STREET ADDRESS	501 Avery Street	
CITY-ST-ZIP	PARKERSBURG WV		2.4 CITY-ST-ZIP	Parkersburg, WV 26101	
TITLE	D	☒ DELETE	3.1 TITLE	Director	☐ Change ☒ Addition
NAME	IMMELT, JEFFERY R		3.2 NAME	Ferdinando Beccalli	
STREET ADDRESS	ONE PLASTICS AVE		3.3 STREET ADDRESS	One Plastics Avenue	
CITY-ST-ZIP	PITTSFIELD MA		3.4 CITY-ST-ZIP	Pittsfield, MA 01201	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	COLE, LYNDON E		4.2 NAME		
STREET ADDRESS	ONE PLASTICS AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PITTSFIELD MA		4.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STROUP, MARIANNE		5.2 NAME		
STREET ADDRESS	ONE PLASTICS AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PITTSFIELD MA		5.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	6.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	BRUST, R.H.		6.2 NAME	Jay W. Ireland	
STREET ADDRESS	ONE PLASTICS AVENUE		6.3 STREET ADDRESS	One Plastics Avenue	
CITY-ST-ZIP	PITTSFIELD MA		6.4 CITY-ST-ZIP	Pittsfield, MA 01201	

CR2E034 (9/96)

14. 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 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 3/13/97 413-448-4664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Marianne Stroup, Assistant Secretary