SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 PM 11:16

DOCUMENT # **P11301** **(9)**

1. Corporation Name
GENCHEM CORPORATION

Principal Place of Business	Mailing Address
90 EAST HALSEY ROAD P.O. BOX 392 PARSIPPANY NJ 07054-0705	90 EAST HALSEY ROAD P.O. BOX 392 PARSIPPANY NJ 07054-0705

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/02/1986**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **22-2689817** ☐ 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 unemployment tax under s. 443.036, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	AS	11 TITLE	Secretary	☒ Change ☐ Addition
NAME	PELLEGRINO, ALLSION G.	12 NAME	Edward Waite	
STREET ADDRESS	LIBERTY LANE	13 STREET ADDRESS	90 East Halsey Road	
CITY-ST-ZIP	HAMPTON NH	14 CITY-ST-ZIP	Parsippany, NJ 07054	
TITLE	D	21 TITLE	Director	☒ Change ☐ Addition
NAME	MONTRONE, PAUL M	22 NAME	Ralph Pascino	
STREET ADDRESS	LIBERTY LANE	23 STREET ADDRESS	90 East Halsey Rd	
CITY-ST-ZIP	HAMPTON NH	24 CITY-ST-ZIP	Parsippany, NJ 07054	
TITLE	P	31 TITLE		☐ Change ☐ Addition
NAME	RUSSELL, RICHARD R	32 NAME		
STREET ADDRESS	LIBERTY LANE	33 STREET ADDRESS		
CITY-ST-ZIP	HAMPTON NH	34 CITY-ST-ZIP		
TITLE	V	41 TITLE	Vice President	☒ Change ☐ Addition
NAME	TANIS, JAMES N.	42 NAME	Edward Kavanaugh	
STREET ADDRESS	90 EAST HALSEY ROAD	43 STREET ADDRESS	Liberty Lane	
CITY-ST-ZIP	PARSIPPANY NJ	44 CITY-ST-ZIP	Hampton, NH 03842	
TITLE	V	51 TITLE	Vice President	☒ Change ☐ Addition
NAME	BROOKS, DAVID A.	52 NAME	Edwin Danenhauer	
STREET ADDRESS	LIBERTY LANE	53 STREET ADDRESS	Liberty Lane	
CITY-ST-ZIP	HAMPTON NH	54 CITY-ST-ZIP	Hampton, NH 03842	
TITLE	AT	61 TITLE		☐ Change ☐ Addition
NAME	ROBINOWITZ, ROY	62 NAME		
STREET ADDRESS	90 EAST HALSEY ROAD	63 STREET ADDRESS		
CITY-ST-ZIP	PARSIPPANY NJ	64 CITY-ST-ZIP		

CR2E034 (3/95)

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: _____ Roy Robinowitz 201-515-1854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0174001 FP