

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 # P11301 (9)

1. Corporation Name

GENCHEM CORPORATION

Principal Place of Business

90 EAST HALSEY ROAD  
P.O. BOX 392  
PARSIPPANY NJ 07054-0705

Mailing Address

90 EAST HALSEY ROAD  
P.O. BOX 392  
PARSIPPANY NJ 07054-0705



3. Date Incorporated or Qualified

09/02/1986

3a. Date of Last Report

06/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP

S WAITE, EDWARD  
90 EAST HASLEY RD  
PARSIPPANY NJ

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D PASSINO, RALPH  
90 EAST HALSEY RD  
PARSIPPANY NJ

TITLE NAME STREET ADDRESS CITY- ST- ZIP

P RUSSELL, RICHARD R  
LIBERTY LANE  
HAMPTON NH

TITLE NAME STREET ADDRESS CITY- ST- ZIP

VP KAVANAUGH, EDWARD  
LIBERTY LANE  
HAMPTON NH

TITLE NAME STREET ADDRESS CITY- ST- ZIP

VP DANENHAUER, EDWIN  
LIBERTY LANE  
HAMPTON NH

TITLE NAME STREET ADDRESS CITY- ST- ZIP

AT ROBINOWITZ, ROY  
90 EAST HALSEY ROAD  
PARSIPPANY NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY- ST- ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP

7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY- ST- ZIP

8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY- ST- ZIP

9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY- ST- ZIP

10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY- ST- ZIP

11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY- ST- ZIP

12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY- ST- 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roy Robinowitz

4/16/96 201-515-1874

Date

Daytime Phone #

CR2E034 (12/95)