

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 # P12707 (6)

1. Corporation Name

SUN CHEMICAL CORPORATION



Principal Place of Business

Mailing Address

222 BRIDGE PLAZA SOUTH
FT. LEE NJ 07024

222 BRIDGE PLAZA SOUTH
FT. LEE NJ 07024

3. Date Incorporated or Qualified
12/29/1986

3a. Date of Last Report
01/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

22-2761297

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME BARR, EDWARD H.
STREET ADDRESS 560 ILLINGWORTH AVE.
CITY-ST-ZIP ENGLEWOOD NJ

TITLE VPD ☐ DELETE
NAME VIGNOLD, BIAGIO N
STREET ADDRESS 1 OLD CHESTNUT RIDGE RD
CITY-ST-ZIP MONTVALE NJ

TITLE VPS ☐ DELETE
NAME SALTZMAN, WILLIAM H
STREET ADDRESS 2 TRENOR DRIVE
CITY-ST-ZIP NEW ROCHELLE NY

TITLE T ☐ DELETE
NAME WILLIAMSON, ROGER E
STREET ADDRESS 36 BIRCH TERRACE
CITY-ST-ZIP MT. ARLINGTON NJ

TITLE D ☐ DELETE
NAME TAKAHASKI, TAKEMITSU
STREET ADDRESS 222 BRIDGE PLAZA SOUTH
CITY-ST-ZIP FORT LEE NJ

TITLE VP ☐ DELETE
NAME GABRIEL, JEFFERY M
STREET ADDRESS BROOK LANE
CITY-ST-ZIP SOMERS NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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

JEFFREY GABRIEL 1/22/96 201-224-4600 X216
Daytime Phone

CR2E034 (12/95)