


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P12707** (6)
1. Corporation Name
SUN CHEMICAL CORPORATION

Principal Place of Business 222 BRIDGE PLAZA SOUTH FT. LEE NJ 07024	Mailing Address 222 BRIDGE PLAZA SOUTH FT. LEE NJ 07024
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 12/29/1986		4. FEI Number 22-2761297		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8.75 Additional Fee Required		\$5.00 May Be Added to Fees	

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			
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	HENRY DYNER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARR, EDWARD H.			1.2 NAME			
STREET ADDRESS	560 ILLINGWORTH AVE.			1.3 STREET ADDRESS	232 TRUMAN DRIVE		
CITY-ST-ZIP	ENGLEWOOD NJ			1.4 CITY-ST-ZIP	CRESSKILL NJ 07626		
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VIGNOLD, BIAGIO N			2.2 NAME			
STREET ADDRESS	1 OLD CHESTNUT RIDGE RD			2.3 STREET ADDRESS			
CITY-ST-ZIP	MONTVALE NJ			2.4 CITY-ST-ZIP			
TITLE	VPS	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SALTZMAN, WILLIAM H			3.2 NAME			
STREET ADDRESS	2 TRENOR DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	NEW ROCHELLE NY			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAMSON, ROGER E			4.2 NAME			
STREET ADDRESS	36 BIRCH TERRACE			4.3 STREET ADDRESS			
CITY-ST-ZIP	MT. ARLINGTON NJ			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TAKAHASKI, TAKEMITSU			5.2 NAME			
STREET ADDRESS	222 BRIDGE PLAZA SOUTH			5.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LEE NJ			5.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GABRIEL, JEFFERY M			6.2 NAME			
STREET ADDRESS	BROOK LANE			6.3 STREET ADDRESS			
CITY-ST-ZIP	SOMERS NY			6.4 CITY-ST-ZIP			

14. I 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: *Jeffery M. Gabriel* REQUIRED

1/26/98 201-224-4600 X216

CR2E034 (10/97)