FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 11 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P29363** **(9)**

1. Corporation Name

INTERNATIONAL MINERALS & CHEMICAL CORPORATION

Principal Place of Business	Mailing Address
ONE NELSON C WHITE PKWY ATTN: TAX DEPARTMENT MUNDELEIN IL 60060 US	ONE NELSON C WHITE PKWY ATTN: TAX DEPARTMENT MUNDELEIN IL 60060 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/16/1990

3a. Date of Last Report: 04/13/1994

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: 36-3791267 ☐ 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

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 _____ 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	DP	11 TITLE		☐ Change ☐ Addition
NAME	BRAUNEKER, ROBERT C	12 NAME		
STREET ADDRESS	2100 SANDERS RD	13 STREET ADDRESS		
CITY-ST-ZIP	NORTHBROOK IL	14 CITY-ST-ZIP		
TITLE	VSD	21 TITLE		☐ Change ☐ Addition
NAME	SMITH, MARSCHALL I.	22 NAME		
STREET ADDRESS	2100 SANDERS RD	23 STREET ADDRESS		
CITY-ST-ZIP	NORTHBROOK IL	24 CITY-ST-ZIP		
TITLE	VT	31 TITLE		☒ Change ☐ Addition
NAME	GALVIN, JOHN E	32 NAME	Peter Hong	
STREET ADDRESS	2100 SANDERS RD	33 STREET ADDRESS		
CITY-ST-ZIP	NORTHBROOK IL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	Director of Taxes	☒ Change ☐ Addition
NAME	SPILLONE, JR. LOUIS	42 NAME		
STREET ADDRESS	ONE NELSON C. WHITE PARKWAY	43 STREET ADDRESS		
CITY-ST-ZIP	MUNDELEIN IL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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 a 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: _____ Louis Spillone, Jr. 4-5-95 (708) 970-3000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0449368 FP