

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

FILED

Apr 13 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 # P29516 (2)
1. Corporation Name
INSILCO CORPORATION

Principal Place of Business 425 METRO PLACE NORTH STE. 555 DUBLIN OH 43017	Mailing Address 425 METRO PLACE NORTH STE. 555 DUBLIN OH 43017
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/25/1990	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 06-0635844	Applied For Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. STE. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	SMIALEK, ROBERT L	1.2 NAME	
STREET ADDRESS	425 METRO PLACE NORTH, STE 555	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH 43017	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	Assistant Treasurer
NAME	HEFFRON, ROBERT F.	2.2 NAME	Smith, Stephen J.
STREET ADDRESS	425 METRO PLACE NORTH, STE 555	2.3 STREET ADDRESS	425 Metro Place North, Ste. 555
CITY-ST-ZIP	DUBLIN OH 43017	2.4 CITY-ST-ZIP	Dublin, OH 43017
TITLE	VS	3.1 TITLE	Ast. Gen. Counsel & Secy
NAME	KOCH, KENNETH H.	3.2 NAME	Arnowitz, David M.
STREET ADDRESS	425 METRO PLACE NORTH, STE 555	3.3 STREET ADDRESS	425 Metro Place North, Ste. 555
CITY-ST-ZIP	DUBLIN OH 43017	3.4 CITY-ST-ZIP	Dublin, OH 43017
TITLE	T	4.1 TITLE	Tax Manager
NAME	KAUER, DAVID A.	4.2 NAME	Stewart, Fred L.
STREET ADDRESS	425 METRO PLACE NORTH, STE 555	4.3 STREET ADDRESS	425 Metro Place North, Ste. 555
CITY-ST-ZIP	DUBLIN OH 43017	4.4 CITY-ST-ZIP	Dublin, OH 43017
TITLE	V	5.1 TITLE	
NAME	JACOBS, LES G.	5.2 NAME	
STREET ADDRESS	425 METRO PLACE NORTH, STE 555	5.3 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN GA 43017	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	
NAME	WOODLIEF, PHILIP K	6.2 NAME	
STREET ADDRESS	425 METRO PL NO STE 555	6.3 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH	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:

Fred L. Stewart

(614)792-0468

CR2E034 (10/97)