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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P29516

1. Corporation Name

INSILCO CORPORATION

FILLD
Apr 21, 1999 8:00 am
Secretary of State
04 21 1000 00002 042 ***150 00



Principal Place of Business Mailing Address			S					
425 Metro Place North Ste. 555 Dublin oh 43017		425 METRO PLA STE. 555 DUBLIN OH 4301	- " -	DO NOT WRITE IN TI	DO NOT WRITE IN THIS SPACE			
				3. Date incorporated or Qualifed 05/25/1990				
2. Principal Place of Business		2a. Mailing Add	Iress	4. FEI Number	Applied For			
24		26		06-0635844	Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #	¥, etc.	5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be			
23		28		Trust Fund Contribution	Added to Fees			
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible			
24	25	29	30	Personal Property Tax.	X Yes □No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
THE D	DENTICE HALL CODDODAT	IONI EVETEN INC	81 Nam	e				
1201 H	RENTICE-HALL CORPORAT HAYS ST.	IUN 3131EM, INC.	82 Stree	et Address (P.O. Box Number is Not Acceptable)				
STE. 105 (SEE) 81 TALLAHASSEE:FL 32301; (SEE) 323			83					
1	2017年2月1日 18日本東		84 City		Zip Code			
office or rec	the provisions of Sections 607. jistered agent, or both, in the St familiar with, and accept the ob	ate of Florida. Such cha	nge was authorized by the cor	ed corporation submits this statement for the purpose reporation's board of directors. I hereby accept the appropriate the control of the con	e of changing its registered opointment as registered			
SIGNATURE _				PATE	-44			
SI	Ignature, typed or printed name of registered	d agent and title if applicable.	(NOTE: Registered Agent signatur	re required when reinstandy	·			

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 reinstating) OATE											
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	PD	☐ DELETE	1.1 TITLE	,	☐ Change	☐ Addition					
NAME	SMIALEK, ROBERT L		1.2 NAME								
STREET ADDRESS	425 METRO PLACE NORTH, STE 555		1.3 STREET ADORESS								
CITY-ST-ZIP	DUBLIN OH 43017		1.4 CITY-ST-ZIP								
TITLE	AT	☐ DELETE	2.1 TITLE	Treasurer	Change	Addition					
NAME	SMITH, STEPHEN J		2.2 NAME								
STREET ADDRESS	425 METRO PL NO STE 555		2.3 STREET ADDRESS								
. CITY-ST-ZIP	DUBLIN OH 43017		2.4 CITY-ST-ZIP								
TITLE	AGCS	☒ DELETE	3.1 TTLE	V.P. & CFO	☐ Change	Addition					
NAME :	ARONOWITZ, DAVID M		3.2 NAME	Kauer, David A.							
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	TM	☐ DELETE	4,1 TITLE	Director of Tax	Change	☐ Addition					
NAME	STEWART, FRED L		4. 2 NAME								
STREET ADDRESS	425 METRO PL N STE 555		4.3 STREET ADDRESS								
CITY-ST-ZIP	DUBLIN OH 43017		4.4 CITY-ST-ZIP								
TITLE	V	☐ DELETE	5.1 TTTLE		Change	☐ Addition					
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	⊠ DELETE	6.1 TITLE	V.P. & Corporate Controller	Change	Addition					
NAME	WOODLIEF, PHILIP K.		6.2 NAME	Elia, Michael R.							
STREET ADDRESS	425 METRO PL:NO STE 555		6.3 STREET ADDRESS	425 Metro Place North, Ste	. 555	!					
CITY-ST-ZIP	DUBLIN OH		6.4 CITY-ST-ZIP	Dublin, OH 43017							

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 chapter, e.on an attachment with an address, with all other like empowered.

SIGNATURE:

(614)792-0468