


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

**FILED**  
**Apr 28 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P 33810**  
 1. Corporation Name  
**NICOLON CORPORATION**

Principal Place of Business <b>3500 Parkway Lane                  Suite 500                  Norcross, GA 30092</b>	Mailing Address <b>3500 Parkway Lane                  Suite 500                  Norcross, GA 30092</b>
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2. Date of Incorporation or Qualification <b>04/29/91</b>	3a. Date of Last Report <b>04/22/96</b>
21. State of Business <b>21</b>	2b. Mailing Address <b>26</b>
22. Suite, Apt. #, etc. <b>22</b>	27. Suite, Apt. #, etc. <b>27</b>
23. City & State <b>23</b>	28. City & State <b>28</b>
24. Zip <b>24</b>	25. Country <b>25</b>
29. Zip <b>29</b>	30. Country <b>30</b>
4. FEI Number <b>57-0603223</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT Corporation                  1200 S. Pine Island Rd.                  Plantation, FL 33324</b>	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	
11 TITLE <b>P</b>	<input type="checkbox"/> DELETE	11 TITLE <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME <b>Baich, Edward V.</b>		12 NAME <b>Clarke, David C.</b>	
13 STREET ADDRESS <b>3500 Parkway Lane Suite 500</b>		13 STREET ADDRESS <b>365 S. Holland Dr.</b>	
14 CITY-ST-ZIP <b>Norcross, GA 30092</b>		14 CITY-ST-ZIP <b>Pendergrass, GA 30567</b>	
21 TITLE <b>VP</b>	<input type="checkbox"/> DELETE	21 TITLE <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME <b>Cahill, John P.</b>		22 NAME <b>Thomas van der Meulen</b>	
23 STREET ADDRESS <b>3500 Parkway Lane, Suite 500</b>		23 STREET ADDRESS <b>3500 Parkway Lane, Suite 500</b>	
24 CITY-ST-ZIP <b>Norcross, GA 30092</b>		24 CITY-ST-ZIP <b>Norcross, GA 30092</b>	
31 TITLE <b>VP</b>	<input type="checkbox"/> DELETE	31 TITLE <b>AS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME <b>Averette, Joseph W.</b>		32 NAME <b>Sisler, Susan C.</b>	
33 STREET ADDRESS <b>365 S. Holland Dr.</b>		33 STREET ADDRESS <b>Old Cleveland Rd.</b>	
34 CITY-ST-ZIP <b>Pendergrass, GA 30567</b>		34 CITY-ST-ZIP <b>Cornelia, GA 30531</b>	
41 TITLE <b>VSTD</b>	<input type="checkbox"/> DELETE	41 TITLE <b>AT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME <b>Phillips, Paul E. Jr.</b>		42 NAME <b>Nasser, Helen</b>	
43 STREET ADDRESS <b>3500 Parkway Lane, Suite 500</b>		43 STREET ADDRESS <b>365 S. Holland Dr.</b>	
44 CITY-ST-ZIP <b>Norcross, GA 30092</b>		44 CITY-ST-ZIP <b>Pendergrass, GA 30567</b>	
51 TITLE <b>VP</b>	<input type="checkbox"/> DELETE	51 TITLE <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME <b>Burchfield, Joe L.</b>		52 NAME <b>Schreve, Frank H.</b>	
53 STREET ADDRESS <b>3500 Parkway Lane, Suite 500</b>		53 STREET ADDRESS <b>Almelo</b>	
54 CITY-ST-ZIP <b>Norcross, GA 30092</b>		54 CITY-ST-ZIP <b>The Netherlands</b>	
61 TITLE <b>VP</b>	<input checked="" type="checkbox"/> DELETE	61 TITLE <b>700002159307</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME <b>Thomas, Monte R.</b>		62 NAME <b>-04/30/97--010224-031</b>	
63 STREET ADDRESS <b>3500 Parkway Lane, Suite 500</b>		63 STREET ADDRESS <b>***165.00</b>	
64 CITY-ST-ZIP <b>Norcross, GA 30092</b>		64 CITY-ST-ZIP <b>770 447 6272</b>	

14. I do 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: Paul E. Phillips DATE: 3/21/97  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)