

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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90135 047 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P33810**

1. Corporation Name  
**NICOLON CORPORATION**

Principal Place of Business  
 3500 PARKWAY LANE, SUITE 500  
 NORCROSS GA 30092

Mailing Address  
 3500 PARKWAY LANE, SUITE 500  
 NORCROSS GA 30092



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/29/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		57-0603223	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	25	29	30	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	See attached list. <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VAN DE SANDEN, HANS			1.2 NAME			
STREET ADDRESS	7607 GB ALMEDO			1.3 STREET ADDRESS			
CITY-ST-ZIP	THE NETHERLANDS			1.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VAN DER MEULEN, THOMAS			2.2 NAME			
STREET ADDRESS	3500 PARKWAY LANE, SUITE 500			2.3 STREET ADDRESS			
CITY-ST-ZIP	NORCROSS GA 30092			2.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAHILL, JOHN			3.2 NAME			
STREET ADDRESS	3500 PKWY. LANE ; STE. 500			3.3 STREET ADDRESS			
CITY-ST-ZIP	NORCROSS GA			3.4 CITY-ST-ZIP			
TITLE	DST	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AVERETTE, JOSEPH W			4.2 NAME			
STREET ADDRESS	3500 PARKWAY LANE - STE 500			4.3 STREET ADDRESS			
CITY-ST-ZIP	NORCROSS GA			4.4 CITY-ST-ZIP			
TITLE	VSTD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PHILLIPS, PAUL E. JR.			5.2 NAME			
STREET ADDRESS	3500 PARKWAY LANE, SUITE 500			5.3 STREET ADDRESS			
CITY-ST-ZIP	NORCROSS GA			5.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BURCHFIELD, JOE L.			6.2 NAME			
STREET ADDRESS	3500 PARKWAY LANE, SUITE 500			6.3 STREET ADDRESS			
CITY-ST-ZIP	NORCROSS GA			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)(l), 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, with all other like empowered.

SIGNATURE: J. O'Spally Best Treasurer 2/24/99 770-447-6272  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

001224

CR2E034 (11/98)

P33810  
401136-90135-4

Updated: 10/6/98

**Nicolon Corporation  
Schedule of Officers and Directors**

	<b>Name</b>	<b>Business Address</b>	<b>Position</b>
<b>Directors:</b>			
	Hans van de Sanden	Egbert Gorterstraat 3 7607 GB Almelo The Netherlands	Chairman
	Joe L. Burchfield	3500 Parkway Lane Suite 500 Norcross, GA 30092	
	David C. Clarke	365 S. Holland Drive Pendergrass, GA 30567	
	Thomas van der Meulen	3500 Parkway Lane Suite 500 Norcross, GA 30092	
<b>Officers:</b>			
	Hans van de Sanden	Egbert Gorterstraat 3 7607 GB Almelo The Netherlands	President
	Joe L. Burchfield	3500 Parkway Lane Suite 500 Norcross, GA 30092	Vice President
	Susan C. Sisler	Old Cleveland Highway Cornelia, GA 30531	Assistant Secretary & Treasurer
	John P. Cahill	3500 Parkway Lane Suite 500 Norcross, GA 30092	Vice President
	Thomas van der Meulen	3500 Parkway Lane Suite 500 Norcross, GA 30092	Vice President
	David C. Clarke	365 S. Holland Drive Pendergrass, GA 30567	Vice President
	Helen Nasser	365 S. Holland Drive Pendergrass, GA 30567	Assistant Treasurer
	Joseph L. Solana	3500 Parkway Lane Suite 500 Norcross, GA 30092	Assistant Treasurer
	Jonathan O. Phillips	3500 Parkway Lane Suite 500 Norcross, GA 30092	Assistant Treasurer