

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jul 24 1996 8:00 am
Secretary of State

DOCUMENT # P95000048789 (8)

1. Corporation Name

INTERNATIONAL CHEMICAL TECHNOLOGIES, INC.



Principal Place of Business

Mailing Address

% NEVILLE, PETERSON & WILLIAMS
~~800 BROAD STREET~~
~~NEW YORK NY 10004~~

% NEVILLE, PETERSON & WILLIAMS
~~800 BROAD STREET~~
~~NEW YORK NY 10004~~

2. Principal Place of Business

21 6055 S.W. MAPP ROAD

Suite, Apt. #, etc.

22

City & State

23 PALM CITY, FL

Zip

24 34990

Country

25 USA

2a. Mailing Address

26 6055 S.W. MAPP ROAD

Suite, Apt. #, etc.

27

City & State

28 PALM CITY, FL

Zip

29 34990

Country

30 USA

3. Date Incorporated or Qualified

06/22/1995

3a. Date of Last Report

FIRST REPORT

4. FEI Number

65-0642609

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

GILLMAN, KYLE E
6055 S.W. MAPP ROAD
PALM CITY FL 34990

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

Signature typed or printed (Name of registered agent and title if applicable)

(NOTE: Registered Agent Signature required when re-registering)

(Date)

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME MARINO, DAVID C
STREET ADDRESS 80 BROAD STREET
CITY - ST - ZIP NEW YORK NY 10004

TITLE D ☒ DELETE
NAME MARINO, JAMES A
STREET ADDRESS 80 BROAD STREET
CITY - ST - ZIP NEW YORK NY 10004

TITLE D ☒ DELETE
NAME POLITO, MARGARET R
STREET ADDRESS 80 BROAD STREET
CITY - ST - ZIP NEW YORK NY 10004

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT / DIRECTOR ☒ Change ☒ Addition
1.2 NAME KYLE E. GILLMAN
1.3 STREET ADDRESS 9624 BAINBRIDGE CT
1.4 CITY - ST - ZIP MANASSAS, VA 22110

2.1 TITLE SECRETARY / DIRECTOR ☒ Change ☒ Addition
2.2 NAME C. EDWARD McCOMAS
2.3 STREET ADDRESS 1286 S.W. EVERGREEN LANE
2.4 CITY - ST - ZIP PALM CITY, FLORIDA 34990

3.1 TITLE D ☒ Change ☒ Addition
3.2 NAME FARRELL B. JONES
3.3 STREET ADDRESS 6055 S.W. MAPP ROAD
3.4 CITY - ST - ZIP PALM CITY, FLORIDA 34990

4.1 TITLE D ☒ Change ☒ Addition
4.2 NAME THOMAS H. MOORE
4.3 STREET ADDRESS 6901 LUPINE LANE
4.4 CITY - ST - ZIP MCLEAN, VA 22101

5.1 TITLE T ☒ Change ☒ Addition
5.2 NAME GREGORY M. NAUGLE
5.3 STREET ADDRESS 6055 S.W. MAPP ROAD
5.4 CITY - ST - ZIP PALM CITY, FLORIDA 34990

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/96 703-330-5526

CR2E034 (3/96)