


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 838210 1. Entity Name MACDERMID, INCORPORATED	
---	---

Principal Place of Business 245 FREIGHT STREET WATERBURY, CT 06702-1802	Mailing Address 245 FREIGHT STREET WATERBURY, CT 06702-1802
---	---

DO NOT WRITE IN THIS SPACE



02232004	No Chg-P	CR2E034 (10/03)
4. FEI Number 06-0435750	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
--	-------------------------------

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000089760 03/16/04-80002-001 150.00
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LEEVEY, DANIEL H. 135 RAIL TREE HILL RD WOODBURY, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORDANI, JOHN 29 RICHARD AVENUE WOLCOTT, CT 06716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCCT BOLINGBROKE, GREGORY M 61 OLD GRASSY HILL RD WOODBURY, CT 06798
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John L. Cordani John L. Cordani 2/27/04 (203) 575-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
secretary