

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **838210** (3)

1. Corporation Name  
**MACDERMID, INCORPORATED**



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

2. Principal Place of Business  
21 State, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

3. Date Incorporated or Qualified: **04/13/1977**  
3a. Date of Last Report: **04/06/1995**  
4. FEI Number: **06-0435750**  
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**

**10. Name and Address of New Registered Agent**

**UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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 607.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signatures, typed or printed name of registered agent or director if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PC</b>	<b>LEEVEER, DANIEL H.</b> <b>135 RAILTREE HILL RD</b> <b>WOODBURY CT</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		1.2 NAME	
STREET ADDRESS:		1.3 STREET ADDRESS	
CITY-ST-ZIP:		1.4 CITY-ST-ZIP	
TITLE: <b>V</b>	<b>GRUNWALD, JOHN J.</b> <b>4 HAMERSHORER</b> <b>RAMAT GAN, ISRAEL</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		2.2 NAME	
STREET ADDRESS:		2.3 STREET ADDRESS	
CITY-ST-ZIP:		2.4 CITY-ST-ZIP	
TITLE: <b>COB</b>	<b>LEEVEER, HAROLD</b> <b>386 GUILDS HOLLOW RD.</b> <b>BETHLEHEM CT</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME	
STREET ADDRESS:		3.3 STREET ADDRESS	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP	
TITLE: <b>P</b>	<b>LEEVEER, DANIEL H.</b> <b>135 RAILTREE HILL RD</b> <b>WOODBURY CT</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP	
TITLE: <b>S</b>	<b>CORDANI, JOHN L.</b> <b>26 RICHARD AVE.</b> <b>WOLCOTT CT</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE: <b>V</b>	<b>COBB, CHARLES T.</b> <b>67 BROOKMORE ROAD</b> <b>AVON CT</b>	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		6.2 NAME	<b>Arthur S. Lovetere, Sr.</b>
STREET ADDRESS:		6.3 STREET ADDRESS	<b>277 Charter Oak</b>
CITY-ST-ZIP:		6.4 CITY-ST-ZIP	<b>Southbury, CT 06488</b>

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John L. Cordani (John L. Cordani) **2-15-96** **(203) 575-5246**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)