

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90022 015 \*\*\*150.00

**DOCUMENT # F98000003386**

1. Entity Name  
**BETZDEARBORN, INC.**

Principal Place of Business

**ATTN: TAX DEPT 9TH FLOOR  
 HERCULES PLAZA 1313 N MARKET ST  
 WILMINGTON DE 19894-0001**

Mailing Address

**ATTN: TAX DEPT 9TH FLOOR  
 HERCULES PLAZA 1313 N MARKET ST  
 WILMINGTON DE 19894-0001**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**23-1503731**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **EVP** ☒ Delete  
 NAME **DIDONNA, DOMINICK W**  
 STREET ADDRESS **7111 PHEASANT RUN**  
 CITY-ST-ZIP **KENNETT SQUARE PA 19348**

TITLE **C.A. Rogerson** ☒ Change ☐ Addition  
 NAME **President**  
 STREET ADDRESS **1313 N. Market St.**  
 CITY-ST-ZIP **Wilmington, DE 19894**

TITLE **VCFO** ☒ Delete  
 NAME **MACKENZIE, GEORGE**  
 STREET ADDRESS **360 HIGH RIDGE ROAD**  
 CITY-ST-ZIP **CHADDS FORD PA 19317**

TITLE **J.J. Ingoldsby** ☒ Change ☐ Addition  
 NAME **Treasurer**  
 STREET ADDRESS **1313 N. Market St.**  
 CITY-ST-ZIP **Wilmington, DE 19894**

TITLE **VRRX Assistant Treasurer** ☐ Delete  
 NAME **SHEARS, STUART C**  
 STREET ADDRESS **427 MARLBORO ROAD**  
 CITY-ST-ZIP **KENNETT SQUARE PA 19348**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPSX Assistant Secretary** ☐ Delete  
 NAME **FLOYD, ISRAEL J**  
 STREET ADDRESS **5 BLUEBERRY COURT**  
 CITY-ST-ZIP **HOCKESSIN DE 19707**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPT** ☐ Delete  
 NAME **JESTER, BRUCE W**  
 STREET ADDRESS **210 DEERGRASS ROAD**  
 CITY-ST-ZIP **HOCKESSIN DE 19707**

TITLE **P.D. Heinz, Secretary** ☐ Change ☐ Addition  
 NAME **1313 N. Market St.**  
 STREET ADDRESS **Wilmington, De 19894**  
 CITY-ST-ZIP

TITLE **VPC** ☒ Delete  
 NAME **SCOTT, M J**  
 STREET ADDRESS **1 MONTCHANIN ROAD**  
 CITY-ST-ZIP **WILMINGTON DE 19710**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Bruce W. Jester*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**VP, Taxes**

1/31/02

302-594-5866

Date

Daytime Phone #

CR2E034 (9/01)