

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P06802** (3)

1. Corporation Name
POLYMERLAND, INC.



Principal Place of Business: **501 AVERY ST PARKERSBURG WV 26101 US**
Mailing Address: **MARIANNE STROUP, GE PLASTICS ONE PLASTICS AVE. PITTSFIELD MA 01201 US**

3. Date Incorporated or Qualified: **07/19/1985** 3a. Date of Last Report: **04/26/1995**
4. FEI Number: **55-0647975** 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

2. Principal Place of Business: 21 State: Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 State: Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

11. Pursuant to the provisions of Sections 607.06(2) and 607.1504, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

1101 TITLE	CD	<input type="checkbox"/> DELETE
1102 NAME	ROGERS, G. L.	
1103 STREET ADDRESS	ONE PLASTICS AVE	
1104 CITY, STATE, ZIP	PITTSFIELD MA	
1101 TITLE	P	<input type="checkbox"/> DELETE
1102 NAME	BEDLION, R.D.	
1103 STREET ADDRESS	501 AVERY ST	
1104 CITY, STATE, ZIP	PARKERSBURG WV	
1101 TITLE	D	<input type="checkbox"/> DELETE
1102 NAME	IMMELT, JEFFERY R	
1103 STREET ADDRESS	ONE PLASTICS AVE	
1104 CITY, STATE, ZIP	PITTSFIELD MA	
1101 TITLE	D	<input checked="" type="checkbox"/> DELETE
1102 NAME	NESBEDA, E.P.	
1103 STREET ADDRESS	ONE PLASTICS AVE	
1104 CITY, STATE, ZIP	PITTSFIELD MA	
1101 TITLE	AS	<input type="checkbox"/> DELETE
1102 NAME	STROUP, MARIANNE	
1103 STREET ADDRESS	ONE PLASTICS AVE	
1104 CITY, STATE, ZIP	PITTSFIELD MA	
1101 TITLE	T	<input type="checkbox"/> DELETE
1102 NAME	BRUST, R.H.	
1103 STREET ADDRESS	ONE PLASTICS AVENUE	
1104 CITY, STATE, ZIP	PITTSFIELD MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1201 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1202 NAME	Clark, Xonna M.	
1203 STREET ADDRESS	One Plastics Ave	
1204 CITY, STATE, ZIP	Pittsfield, MA 01201	
1201 TITLE	Vp	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1202 NAME	Murray, Dennis M.	
1203 STREET ADDRESS	501 Avery Street	
1204 CITY, STATE, ZIP	Parkersburg, WV 26101	
1201 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1202 NAME	Wascher, Uwe S.	
1203 STREET ADDRESS	One Plastics Ave	
1204 CITY, STATE, ZIP	Pittsfield, MA 01201	
1201 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1202 NAME	Cole, Lyndon E.	
1203 STREET ADDRESS	One Plastics Ave	
1204 CITY, STATE, ZIP	Pittsfield MA 01201	
1201 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1202 NAME		
1203 STREET ADDRESS		
1204 CITY, STATE, ZIP		
1201 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1202 NAME	Brust, Robert H.	
1203 STREET ADDRESS	One Plastics Ave	
1204 CITY, STATE, ZIP	Pittsfield, MA 01201	

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 supplement to 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 unchanged, or on a replacement with an address.

SIGNATURE: *Robert H. Brust*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Robert H. Brust**

2/5/96 413-448-4701
Date of Filing Fee

CR2E034 (12/95)