

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Jan 29 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P06802 (3)
1. Corporation Name
POLYMERLAND, INC.



Principal Place of Business 501 AVERY ST PARKERSBURG WV 26101 US	Mailing Address MARIANNE STRROUP, GE PLASTICS ONE PLASTICS AVE. PITTSFIELD MA 01201 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/19/1985

2. Principal Place of Business 21 12200 Herbert Wayne Court Suite, Apt. #, etc. 22 Suite 150 City & State 23 Huntersville, NC Zip 24 28078	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA	4. FEI Number 55-0647975 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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g. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, G. L.	1.2 NAME	
STREET ADDRESS	ONE PLASTICS AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSFIELD MA	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSS, PETER	2.2 NAME	
STREET ADDRESS	501 AVERY ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PARKERSBURG WV	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECCALI, FERDINANDO	3.2 NAME	
STREET ADDRESS	ONE PLASTICS AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSFIELD MA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, LYNDON E	4.2 NAME	
STREET ADDRESS	ONE PLASTICS AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSFIELD MA	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROUP, MARIANNE	5.2 NAME	
STREET ADDRESS	ONE PLASTICS AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSFIELD MA	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRELAND, JAY W.	6.2 NAME	
STREET ADDRESS	ONE PLASTICS AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSFIELD MA	6.4 CITY-ST-ZIP	

14. 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 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: *Marianne Stroup* **NATURALLY SIGNED** 1/23/98 413-448-4664

CR2E034 (10/97)