

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

**APPROVED AND FILED**

**95 APR 11 PM 3: 06**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # P29363 (9)**

1. Corporation Name  
**INTERNATIONAL MINERALS & CHEMICAL CORPORATION**

Principal Place of Business  
**ONE NELSON C WHITE PKWY  
ATTN: TAX DEPARTMENT  
MUNDELEIN IL 60060  
US**

Mailing Address  
**ONE NELSON C WHITE PKWY  
ATTN: TAX DEPARTMENT  
MUNDELEIN IL 60060  
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3a. Date of Last Report	
21		26		36-3791267		04/13/1994	
22		27		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		30		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			

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 registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUNEKER, ROBERT C	1.2 NAME	
STREET ADDRESS	2100 SANDERS RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	NORTHBROOK IL	1.4 CITY - ST - ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, MARSHALL I.	2.2 NAME	
STREET ADDRESS	2100 SANDERS RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	NORTHBROOK IL	2.4 CITY - ST - ZIP	
TITLE	VT	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALVIN, JOHN E	3.2 NAME	Peter Hong
STREET ADDRESS	2100 SANDERS RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	NORTHBROOK IL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPILLONE, JR. LOUIS	4.2 NAME	Director of Taxes
STREET ADDRESS	ONE NELSON C. WHITE PARKWAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	MUNDELEIN IL	4.4 CITY - ST - ZIP	
TITLE		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		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(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 not the 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 Florida Statutes or Block 11 if changed, or on an attachment with an affidavit.

**SIGNATURE:**  **Louis Spillone, Jr. 4-5-95 (708) 970-3000**