

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

**FILED**  
**May 01 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P29363 (9)**  
 1. Corporation Name  
**INTERNATIONAL MINERALS & CHEMICAL CORPORATION**

Principal Place of Business <b>ONE NELSON C WHITE PKWY                  ATTN: TAX DEPARTMENT                  MUNDELEIN IL 60060                  US</b>	Mailing Address <b>ONE NELSON C WHITE PKWY                  ATTN: TAX DEPARTMENT                  MUNDELEIN IL 60060-8528                  US</b>
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3. Date Incorporated or Qualified <b>05/16/1990</b>	3a. Date of Last Report <b>04/30/1996</b>
4. FEI Number <b>36-3791267</b>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Attn: Tax Dept. Suite, Apt. #, etc.	2a. Mailing Address 26 Attn: Tax Dept. Suite, Apt. #, etc.
22 2345 Waukegan Road, Suite E-200 City & State	27 2345 Waukegan Road, Suite E-200 City & State
23 Bannockburn, IL Zip	28 Bannockburn, IL Zip
24 60015-5518 Country 25 Lake	29 60015-5518 Country 30 Lake

9. 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	85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, BRIAN J	1.2 NAME	
STREET ADDRESS	2100 SANDERS RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL	1.4 CITY-ST-ZIP	60082
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, MARSCHALL I.	2.2 NAME	
STREET ADDRESS	2100 SANDERS RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL	2.4 CITY-ST-ZIP	60082
TITLE	VT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HONG, PETER	3.2 NAME	
STREET ADDRESS	2100 SANDERS RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPILLONE, JR. LOUIS	4.2 NAME	
STREET ADDRESS	ONE NELSON C. WHITE PARKWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	MUNDELEIN IL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	MD, Taxes/AB <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	McCluskey, Eugene M.
STREET ADDRESS		5.3 STREET ADDRESS	2345 Waukegan Road, Suite E-200
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Bannockburn, IL 60015-5518
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	AB <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Smith, Roxanne
STREET ADDRESS		6.3 STREET ADDRESS	2345 Waukegan Road, Suite E-200
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Bannockburn, IL 60015-5518

14. I do 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:** *Roxanne Smith* **Roxanne Smith** **4/26/97** **(847) 607-8000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)