

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

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90103 002 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P29363

1. Corporation Name  
INTERNATIONAL MINERALS & CHEMICAL CORPORATION



Principal Place of Business  
ATTN: TAX DEPT  
2345 WAUKEGAN RD., STE. E-200  
BANNOCKBURN IL 60015-5516  
US

Mailing Address  
ATTN: TAX DEPT  
2345 WAUKEGAN RD., STE. E-200  
BANNOCKBURN IL 60015-5516  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
05/16/1990

4. FEI Number  
36-3791267

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
21 Sanders Road  
Suite, Apt. #, etc.  
Northbrook, IL  
Zip 60062-6146 Country

2a. Mailing Address  
2100 Sanders Road  
Suite, Apt. #, etc.  
Attn: Tax Dept.  
Northbrook, IL  
Zip 60062-6146 Country US

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 FL 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, MARSHALL I	
STREET ADDRESS	2100 SANDERS RD	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, ROXANNE	
STREET ADDRESS	2345 WAUKEGAN RD., STE. E-200	
CITY-ST-ZIP	BANNOCKBURN IL 60015-5516	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	BRIGGS, DAVID W	
STREET ADDRESS	2345 WAUKEGAN RD., SUITE E-200	
CITY-ST-ZIP	BANNOCKBURN IL 60015-5516	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James, J. Bradford	
1.3 STREET ADDRESS	2100 Sanders Road	
1.4 CITY-ST-ZIP	Northbrook, IL 60062-6146	
2.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	McGowan, Joseph A., IV	
2.3 STREET ADDRESS	2100 Sanders Road	
2.4 CITY-ST-ZIP	Northbrook, IL 60062-6146	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: Joseph A. McGowan REQUIRED Date 4/30/99 Daytime Phone # (847) 272-9200

CR2E034 (1/98)