

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

**FILED**  
**May 16 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 # P29516 (2)**  
 1. Corporation Name  
**INSILCO CORPORATION**



Principal Place of Business <b>425 METRO PLACE NORTH STE. 555 DUBLIN OH 43017</b>	Mailing Address <b>425 METRO PLACE NORTH STE. 555 DUBLIN OH 43017-1367</b>
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>05/25/1990</b>	3a. Date of Last Report <b>04/15/1996</b>
4. FEI Number <b>06-0635844</b>	Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYS ST.  
 STE. 105  
 TALLAHASSEE FL 32301**

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	PD	<input type="checkbox"/> DELETE
NAME	SMIALEK, ROBERT L	
STREET ADDRESS	425 METRO PLACE NORTH, STE 555	
CITY-ST-ZIP	DUBLIN OH 43017	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HEFFRON, ROBERT F.	
STREET ADDRESS	425 METRO PLACE NORTH, STE 555	
CITY-ST-ZIP	DUBLIN OH 43017	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	KOCH, KENNETH H.	
STREET ADDRESS	425 METRO PLACE NORTH, STE 555	
CITY-ST-ZIP	DUBLIN OH 43017	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KAUER, DAVID A.	
STREET ADDRESS	425 METRO PLACE NORTH, STE 555	
CITY-ST-ZIP	DUBLIN OH 43017	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JACOBS, LES G.	
STREET ADDRESS	425 METRO PLACE NORTH, STE 555	
CITY-ST-ZIP	DUBLIN GA 43017	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, JAMES D	
STREET ADDRESS	425 METRO PLACE NORTH, STE. 555	
CITY-ST-ZIP	DUBLIN OH 43017	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP & Corporate Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Woodlief, Philip K.	
1.3 STREET ADDRESS	425 Metro Place North, Ste 555	
1.4 CITY-ST-ZIP	Dublin, OH 43017	
2.1 TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Smith, Stephen J.	
2.3 STREET ADDRESS	425 Metro Place North, Ste 555	
2.4 CITY-ST-ZIP	Dublin, OH 43017	
3.1 TITLE	Asst. Gen. Counsel & Secy.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Aronowitz, David M.	
3.3 STREET ADDRESS	425 Metro Place North, Ste 555	
3.4 CITY-ST-ZIP	Dublin, OH 43017	
4.1 TITLE	Tax Manager	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Stewart, Fred L.	
4.3 STREET ADDRESS	425 Metro Place North, Ste 555	
4.4 CITY-ST-ZIP	Dublin, OH 43017	
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 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: Frederick Stewart **REQUIRED** Stewart 4/18/97 (614)792-0468  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

