

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

**FILED**  
**Apr 13 1998 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # P29516 (2)**

1. Corporation Name  
**INSILCO CORPORATION**

|  |  |
|--|--|
| Principal Place of Business<br><b>425 METRO PLACE NORTH</b><br><b>STE. 555</b><br><b>DUBLIN OH 43017</b> | Mailing Address<br><b>425 METRO PLACE NORTH</b><br><b>STE. 555</b><br><b>DUBLIN OH 43017</b> |
|--|--|



DO NOT WRITE IN THIS SPACE

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 25 Country                     | 30 Country             |

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>05/25/1990</b>  |  |
| 4. FEI Number<br><b>06-0635844</b>  | Applied For<br><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 owes or has paid the current year Intangible Personal Property Tax due June 30. <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   |
| 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>PD SMALEK, ROBERT L</b>                 | 1.2 NAME  |  |
| STREET ADDRESS             | <b>425 METRO PLACE NORTH, STE 555</b>      | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>DUBLIN OH 43017</b>                     | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>V HEFFRON, ROBERT F.</b>                | 2.2 NAME  | <b>Assistant Treasurer</b>   |
| STREET ADDRESS             | <b>425 METRO PLACE NORTH, STE 555</b>      | 2.3 STREET ADDRESS                                    | <b>Smith, Stephen J.</b>   |
| CITY-ST-ZIP                | <b>DUBLIN OH 43017</b>                     | 2.4 CITY-ST-ZIP                                       | <b>425 Metro Place North, Ste. 555</b>                                       |
| TITLE                      | <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>VS KOCH, KENNETH H.</b>                 | 3.2 NAME  | <b>Asst. Gen. Counsel &amp; Secy</b>   |
| STREET ADDRESS             | <b>425 METRO PLACE NORTH, STE 555</b>      | 3.3 STREET ADDRESS                                    | <b>Arnowitz, David M.</b>  |
| CITY-ST-ZIP                | <b>DUBLIN OH 43017</b>                     | 3.4 CITY-ST-ZIP                                       | <b>425 Metro Place North, Ste. 555</b>                                       |
| TITLE                      | <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>T KAUER, DAVID A.</b>                   | 4.2 NAME  | <b>Tax Manager</b>   |
| STREET ADDRESS             | <b>425 METRO PLACE NORTH, STE 555</b>      | 4.3 STREET ADDRESS                                    | <b>Stewart, Fred L.</b>  |
| CITY-ST-ZIP                | <b>DUBLIN OH 43017</b>                     | 4.4 CITY-ST-ZIP                                       | <b>425 Metro Place North, Ste. 555</b>                                       |
| TITLE                      | <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>V JACOBS, LES G.</b>                    | 5.2 NAME  |  |
| STREET ADDRESS             | <b>425 METRO PLACE NORTH, STE 555</b>      | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>DUBLIN GA 43017</b>                     | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>VP WOODLIEF, PHILIP K</b>               | 6.2 NAME  |  |
| STREET ADDRESS             | <b>425 METRO PL NO STE 555</b>             | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>DUBLIN OH</b>                           | 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: *F. Stewart* Fred L. Stewart 3/25/98 (614)792-0468

CR2E034 (10/97)