


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90218 042 ***150.00

DOCUMENT # 839620			
1. Entity Name BASF CORPORATION			
Principal Place of Business 3000 CONTINENTAL DR NORTH MOUNT OLIVE, NJ 07828-234 US		Mailing Address 3000 CONTINENTAL DRIVE NORTH MOUNT OLIVE, NJ 07828-1234 US	
2. Principal Place of Business 100 CAMPUS DRIVE		3. Mailing Address 100 CAMPUS DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FLORHAM PARK, NJ		City & State FLORHAM PARK, NJ	
Zip 07932	Country	Zip 07932	Country
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00. After May.1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOEBBE, KLAUS P 3000 CONTINENTAL DR. MOUNT OLIVE, NJ 078281234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 CAMPUS DRIVE FLORHAM PARK, NJ 07932
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GOLDBERG, STEVEN J 3000 CONTINENTAL DR. MOUNT OLIVE, NJ 078281234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 CAMPUS DRIVE FLORHAM PARK, NJ 07932
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP ENGEL, HANS-ULRICH 3000 CONTINENTAL DR. MOUNT OLIVE, NJ 078281234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 CAMPUS DRIVE FLORHAM PARK, NJ 07932
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GERMINARIO, ANTHONY S 3000 CONTINENTAL DR N MOUNT OLIVE, NJ 078281234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 CAMPUS DRIVE FLORHAM PARK, NJ 07932
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KAPLAN, PHILIP E 3000 CONTINENTAL DR. MOUNT OLIVE, NJ 078281234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 CAMPUS DRIVE FLORHAM PARK, NJ 07932
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MALONE, ROBERT E 3000 CONTINENTAL DR N MOUNT OLIVE, NJ 078281234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 CAMPUS DRIVE FLORHAM PARK, NJ 07932

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05

Date

973-245-6562

Daytime Phone #