


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90327 006 ***150.00

DOCUMENT # F93000003026 1- Entity Name LUCITE INTERNATIONAL INC.	
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Principal Place of Business AMERICAS OPERATIONS & RESEARCH CENTER 7275 GOODLETTS FARM PARKWAY CORDOVA, TN 38016-4909 US	Mailing Address AMERICAS OPERATIONS & RESEARCH CENTER 7275 GOODLETTS FARM PARKWAY CORDOVA, TN 38016-4909 US
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DO NOT WRITE IN THIS SPACE



04152005 No Chg-P CR2E034 (10/03)

4. FEI Number 43-0625543	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCO DAVIS, JEFF 7275 GOODLETT FARMS PKWY CORDOVA, TN 38016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPF LONG, BRENT 7275 GOODLETT FARMS PKWY CORDOVA, TN 38016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATC GANAY, RICHARD G. 7275 GOODLETT FARMS PKWY CORDOVA, TN 38016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MILLS, ELIZABETH 7275 GOODLETT FARMS PKWY CORDOVA, TN 38016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANANTHAKRISNNAN, ANDY 7275 GOODLETT FARRS PKWY CORDOVA, TN 38016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKINTA, TOM 7275 GOODLETT FARMS PKWY CORDOVA, TN 38016

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12. 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 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: *Ralph King* 4-18-05 901-381-2238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #