

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # F93000003026

1. Entity Name
LUCITE INTERNATIONAL INC.



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



04112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000708260
04/24/07-80108-014 150.00

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 GANEY, 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 exemptions contained in Chapter 119, 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: Richard Ganey Richard Ganey 4-11-07 901-381-2238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #