2006 LIMITED LIABILITY COMPANY

May 11, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # M0400003259** 05-11-2006 90015 016 ****50.00 HITACHIACHEMICAL DUPONT MICROSYSTEMS L.L.C. Principal Place of Business Mailing Address 1209 ORANGE STREET 1209 ORANGE STREET WILMINGTON, DE 19801 WILMINGTON, DE 19801 2. Principal Place of Business Suite, Apt. #, etc. 04262006 Chq-LLC CR2E083 (11/05) City & State 4. FEI Number Applied For 52-2058112 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM MGR TITLE **Addition** TITLE KOSHIYAMA, SHIGEO 4-1, KOISHIKAWA 1-CHONIC, BUNKYO-KU SRINIVASAN, TV NAME NAME STREET ADDRESS 14 TW ALEXANDER DRIVE STREET ADDRESS CITY-ST-ZIP REASEARCH TRIANGLE PARK, NC 27709 CITY-ST-ZIP TOKYO 112-0002 JAPAN ☐ Change TITLE TITLE ☐ Addition UCHIMURA/SHUN-ICHIRO NAME NAME KORAKUEN BLDG 1-4-1, KOISHIKAWA, BUNKYO-KU STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TOKYO 112-0002 JAPAN, CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE ANDERSON, STEVEN J NAME ANDERSON STEVEN. 14 TW ALEXANDER DRIVE STREET ADDRESS **4 W ALEXANDER DRIVE** STREET ADDRESS DURHAM, NC 27701 CITY-ST-ZIP RESEARCH TRIANGLE PARK, NC 21709 CITY-ST-ZIP Delete ☐ Change TITLE STWER, BRIAN K MALLOY JR. JOHN R. NAME 250 CHEESEQUAKE ROAD 250 CHEESQUAKE ROAD STREET ADDRESS STREET ADDRESS PARLIN, NJ 08859 CITY-ST-ZIP CITY-ST-ZIP PARLIN NJ 08859 ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TOLE

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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trastee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

Much SIGNATURE AND TYPED OF PRINTED NAM OF SIGNING MANAGING MEMBER, MANAGEN, OR AUTHORIZED REPRESENTATIVE