2007 LIMITED LIABILITY COMPANY

Apr 02, 2007 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT # M0400003259** 04-02-2007 90432 013 ****50.00 1. Entity Name HITACHI CHEMICAL DUPONT MICROSYSTEMS L.L.C. Principal Place of Business Mailing Address 60030977 1209 ORANGE STREET 1007 MARKET ST WILMINGTON, DE 19801 D13039 WILMINGTON, DE 19898 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03142007 CR2E083 (12:03) Chg-LLC City & State City & State 4. FEI Number oplied For 52-2058112 t Applicable Zio Country Zip Country \$5.00 Acid florial 5. Certificate of Status Desired П Fee Require: 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 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 acc and 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, 2007 Make check pay this to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. V.P. TITLE MGRM Delete TITLE ☐ Change Addition Snigeo Koshiyama 1-4-1 Koishikawa, 1-Chrone SRINIVASAN, T V NAME NAME 4-1 KOISHIKAWN 1-CHONIC BUNKYO KU STREET ADDRESS STREET ADDRESS 112-0002 Bunkyo-ku Tokyo CITY-ST-ZIP TOKYO, JA 112-002 CITY-ST-7IP President MGRM Chang. Addition ☐ Delete UCHIMURA, SHUN-ICHIRO NAME NAME STREET ADDRESS KORAKUEN BLDG 1-4-1, KOISHIKAWA, BUNKYO-KU STREET ADDRESS CITY-ST-ZIP **TOKYO 112-0002 JAPAN,** CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition ANDERSON, STEVEN J NAME NAME STREET ADDRESS 14 TW ALEXANDER DR STREET ADDRESS CITY-ST-ZIP RESEARCH TRIANGLE PRK, NC 27709 CITY-ST-ZIP TITLE **⊠**Lthanne ☐ Delete TITLE Addition NAME MALLOY, JOHN R JR STREET ADDRESS 250 CHEESQUAKE ROAD STREET ADDRESS **PARLIN, NJ 08859** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chau l ☐ Addition NAME STREET ADDRESS STREET ADDRESS

FILED

☐7Change

☐ Addition

11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

91-900 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE