# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT # M04000003259

t. Entity Name

HITACHI CHEMICAL DUPONT MICROSYSTEMS L.L.C.



FILED Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Susiness

1209 ORANGE STREET WILMINGTON, DE 19801 Mailing Address

1007 MARKET ST D13039

WILMINGTON, DE 19898



04172008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 52-2058112

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 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 it applicable.

(NOTE: Registered Agent signature required when reinstating)

Ummanana PATE

05/21/08-80071-025 138.75

#### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P UCHIMURA, SHUN-ICHIRO KORAKUEN BLDG 1-4-1, KOISHIKAWA,BUNKYO-KU TOKYO 112-0002 JAPAN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ANDERSON, STEVEN J 14 TW ALEXANDER DR RESEARCH TRIANGLE PRK, NC 27709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MALLOY, JOHN R JR 544 KERFOOT FARM RD WILMINGTON, DE 19803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOSHIYAMA, SHIEGO 1-4-1 KOSHIKAWA, 1-CHRONE BUNKYO-KU, TOKYO, JA 112-002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	

## DO NOT WRITE IN THIS SPACE

11. 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 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

STREET ADDRESS CITY+ST-7IP

AND TYPED OR PRINTED NAME OF BIGNING MANAGING

MEMBER, OR AUTHORIZED REPRESENTATIV

4-20-2009

3076998844

Date

Daytime Phone #