2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001453

Entity Name: SULZER CHEMTECH USA IN

FILED Apr 15, 2009 Secretary of State

Entity Nai	me: SULZER	CHEMTECH USA, INC.						
Current Principal Place of Business:			New Principal Place of Business:					
8505 E NORTH BELT DR HUMBLE, TX 77396			639 W 41ST STREET TULSA, OK 74107					
Current M	lailing Addre	ss:	New Mailing Address:					
8505 E NORTH BELT DR HUMBLE, TX 77396			639 W 41ST STREET TULSA, OK 74107					
FEI Number:	: 76-0556372	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate	e of Status Desired ()		
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:				
1200 SOU PLANTATI The above	PORATION SY TH PINE ISLA ION, FL 3332 named entity of Florida.	ND ROAD	ourpose of changing	its registered	office or re	gistered agent, or bo	oth,	
SIGNATU	RE:							
	Electro	nic Signature of Registered Ag	ent		С	ate		
Election Car	npaign Financir	ng Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P (ISOM, CHRIS 8505 E NORTI HUMBLE, TX	H BELT DR	Title: Name: Address: City-St-Zip:	P (ISOM, CHRIS 639 W 41ST TULSA, OK 7	STREET) Addition		
Title: Name: Address: City-St-Zip:	VP (BUTLER, JIM 639 2 41ST S TULSA, OK 7		Title: Name: Address: City-St-Zip:	VP (BUTLER, JIM 639 W 41ST TULSA, OK 7	STREET) Addition		
Title: Name: Address: City-St-Zip:	EDELL, KELL 2277 PLAZA D		Title: Name: Address: City-St-Zip:	() Change() Addition		
Title: Name: Address: City-St-Zin:	SUEESS, PHI		Title: Name: Address: City-St-Zin:	() Change() Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLI K EDELL D 04/15/2009