2001 UNIFORM BUSINESS NEFOR I (UBK) FILED May 22, 2001 8:00 am DOCUMENT # 524591 Secretary of State Entity Name 05-22-2001 90627 020 ***150 00 CNK Disposition Corp. Principal Place of Business Mailing Address 5414 N. 55 Street PO Box 1096 C0069081 Tampa, FL 33610 USA 3. Mailing Address 2. Principal Place of Business c/o Crompton Corp. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE One American Lane 4. FEI Number Applied For City & State City & State -59-0614063 Not Applicable Greenwich. Zip _ _ _ -\$8.75.Additional 5. Certificate of Status Desired Fee Required 06831 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Carlton, Fields, Ward, Emanuel, Smith Street Address (P.O. Box Number is Not Acceptable) c/o Hemke, Donald E. 777 S. Harbour Island Blvd. Tampa, FL 33602 Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE TITLE Birector & President ☐ Delete NAME One American Lane STREET ADDRESS STREET ADDRESS Greenwich, CT 06831 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE Secretary NAME NAME Arthur C. Fullerton STREET ADDRESS STREET ADDRESS BreenwericaerLane831 CITY-ST-ZIP CITY-ST-ZIP Treasurer ☐ Addition ☐ Change ☐ Delete TITLE TITLE John R. Jepsen NAME NAME STREET ADDRESS STREET ADDRESS Greenwerdcart Lanes31 CITY-ST-ZIP CITY-ST-ZIP sst. Secretary ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME MariamThompsonane STREET ADDRESS STREET ADDRESS Greenwich, CT CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Asst. Treasurer ☐ Delete TITLE NAME NAME Robert Marchitello STREET ADDRESS STREET ADDRESS Dne American Lane CITY-ST-ZIP CITY-ST-ZIP Greenwich, CT 06831 ☐ Change ☐ Addition ☐ Delete TITLE TIRLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if

SIGNATURE: MATHUR FULLERTON 27 APRIL 2001 (203)572-280