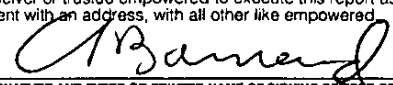


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2005 8:00 am
Secretary of State

08-19-2005 90009 044 ***150.00

DOCUMENT # 530788 1. Entity Name CLARIANT LIFE SCIENCE MOLECULES (PUERTO RICO) INC.					
Principal Place of Business AIRPORT INDUSTRIAL PARK 4044 NE 54TH AVE GAINESVILLE, FL 32609 US			Mailing Address P O BOX 1246 GAINESVILLE, FL 32607 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 66-0353903 Applied For ☐ Not Applicable	
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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) DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAHLER, JOACHIM ROTHAUSSTRASSE 61 MUTTENZ1, CH 4132, SW	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Caig Stafford 4000 Monroe Rd Charlotte, NC 28205	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOLDER, KEN 4000 MONROE ROAD CHARLOTTE, NC 28205	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEIER, HEINER 4000 MONROE ROAD CHARLOTTE, NC 28205	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARNARD, CHRIS 4000 MONROE RD CHARLOTTE, NC 28205	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRANDENBERG, PETER ROTHAUSSTRASSE 61 MUTTENZ 1, CHR 4132, SW	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GORI, FRANK 2460 W. BENNETT SPRINGFIELD, MO 65807	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date 8-1-05 Daytime Phone # (704) 331-7116		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

50062452



07252005 Chg-P CR2E034 (10/03)