2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # 800788 1. Entity Name E.I. DU PONT DE NEMOURS AND COMPANY						Apr 15, 2004 08:00 AM Secretary of State				
Principal Place of Business 1007 MARKET STREET D-13039 WILMINGTON, DE 19898 US		Mailing Address 1007 MARKET STREET D-13039 WILMINGTON, DE 19898 US								
2. Principal Pl	ace of Business	3. Mailing Address						# 		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03302004	Chg-P	CR2E03	4 (10/03)		
City & State		City & State			4. FEI Number 51-0014090			plied For Applicable		
Zip	Country	Zip	ip Country		5. Certificate	of Status Desired		8.75 Addi ee Required		
	6. Name and Address of Curren	7. Name and Address of New Registered Agent Name								
CT CORPORATION SYSTEM				Street Address (P.O. Box Number is Not Acceptable)						
)	NE ISLAND ROAD ON, FL 33324			Circle Madrood (1, 10, 200 Named 18 Not Medighal 19						
						FL	Zip Code	}		
8. The above	named entity submits this statement	for the purpose of changing it	s register	City red office or regist	tered agent, or bo	th, in the State of FI		miliar with, r	and accept	
the obligations of registered agent.										
SIGNATURE Signature, types or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.								-		
10.	OFFICERS AN	ID DIRECTORS	11. Tgt		ADDITIONS	CHANGES TO OF		DIRECTORS Change	N 11 ☐ Addition	
TITLE NAME	HOLIDAY, C.O.	Delete	NAX			l manana i		_ ,	_	
STREET ADDRESS CITY-ST-ZIP	1001 111 2 2 2 2			EET ADDRESS 1-ST-ZIP		04/15/04-8	13235 0003-02:	1 150.0	0	
TITLE	D Delete 16			i i				☐ Change	Addition	
NAME STREET ADDRESS	DUPONT, E.B. 1007 MARKET ST		nan Rtz	ME EET ADDRESS						
CITY-ST-ZIP				Y-ST-ZIP						
TITLE NAME	AS THOMAS, V.A	☐ Delete	TITE NAM	1				Change	Addition	
STREET ADDRESS CITY-ST-ZIP	1007 MARKET ST. WILMINGTON, DE 19898	-	5	EET ADDRESS Y-SY-ZIP						
TITLE	VPT	☐ Delete	m	 				☐ Change	☐ Addition	
NAME CYPET ADDRESS	MCCLURE, M.G. 1007 MARKET STREET		NAA SZR	ME EET ADDRESS						
STREET ADDRESS CITY - ST - ZIP	WILMINGTON, DE 19898			Y-ST-ZIP						
TITLE NAME		Delete	TETE NAM	1				☐ Change	Addition Addition	
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP				Y-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME		☐ Defete	SITS NAM	,				C) Grange		
STREET ADDRESS CITY - ST - ZIP			- 5	EET ADDRESS Y-ST-ZIP						
	certify that the information supplied violating the portion of this report or supplemental report poration of the receiver of trustee er	with this filing does not qualify to the strue and accurate and that it is true and to execute this reports with all other like amount			Section 119.07(3) ne same legal effe 607, Florida Statut	(i), Florida Statutes ct as if made under es; and that my nar	i, I further cert r oath; that I a me appears in	ify that the ir m an officer i Block 10 or	nformation or director r Block 11 if	
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.										
SIGNAT	UHE:X_	= 5550			<u> </u>	19 1			· , · · ·	

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