2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 26, 2000 8:00 am Secretary of State DOCUMENT # 818099 1. Entity Name **ROHM & HAAS COMPANY** 01-26-2000 90124 010 ***150.00 Principal Place of Business Mailing Address 100 INDEPENDENCE MALL WEST 100 INDEPENDENCE MALL WST おおりなくべく。 PHILADELPHIA PA 19106 PHILADELPHIA PA 19106 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 23-1028370 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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. 是现在多少年 经基础 ACCOMPLEASORS LITTER Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CHAIRMAN /CEO Delete TITLE TITLE GUPTA WILSON, J.L. NAME NAME 100 INDEPENDENCE MALL WEST STREET ADDRESS STREET ADDRESS 100 S INDEPENDENCE MALL WEST PHILADELPHIA, PA 19106 CITY-ST-ZIP CITY-ST-ZIP PHILADELPHIA PA TREASURER Delete ☐ Change ☐ Addition TITLE TITLE EDWARD E. LIEBERT VOGEL, ROBERT P NAME 100 INDEPENDENCE MALL WEST NAME STREET ADDRESS INDEPENDENCE MALL WEST STREET ADDRESS PHILADELPHIA, PA CITY-ST-ZIP CITY-ST-ZIP PHILADELPHIA PA RESIDENT/COO TITLE Delete TITLE FITZPATRICK, J.M. NAME NAME 100 S INDENPENDENCE MALL WEST STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PHILADELPHIA PA 19106 Change Addition ☐ Delete TITLE TITLE GRANOFF, GAIL P NAME NAME STREET ADDRESS INDEPENDENCE MALL WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PHILADELPHIA PA ☐ Change ☐ Addition TITLE AS ☐ Delete TITLE HARMER, S J NAME NAME STREET ADDRESS STREET ADDRESS 100 S INDEPENDENCE MALL WEST CITY-ST-ZIP CITY-ST-ZIP PHILADELPHIA PA SENIOR VA/CFO Change ☐ Delete TITLE ☐ Addition TITLE BELL, BRADLEY J. NAME STREET ADDRESS STREET ADDRESS 100 S INDEPENDENCE MALL WEST CITY-ST-ZIP CITY-ST-ZIP PHILADELPHIA PA 19106 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 changed, or on an attachment with an address, with all other like empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND TYPED