

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90021 046 ***150.00

DOCUMENT # 820180

1. Entity Name
DOW CORNING CORPORATION

Principal Place of Business TAX DEPARTMENT CO1112 MIDLAND MI 48686-7994 US	Mailing Address TAX DEPARTMENT CO1112 MIDLAND MI 48686-0001 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 38-0495575	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

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.

SIGNATURE *JHM*
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CB	<input type="checkbox"/> Delete
NAME	HAZLETON, RA	
STREET ADDRESS	2200 SALZBURG ROAD	
CITY-ST-ZIP	MIDLAND MI	
TITLE	P	<input type="checkbox"/> Delete
NAME	ANDERSON, G E	
STREET ADDRESS	220 SALZBURG ROAD	
CITY-ST-ZIP	MIDLAND MI	
TITLE	VS	<input type="checkbox"/> Delete
NAME	JENKINS, J. R.	
STREET ADDRESS	220 SALZBURG ROAD	
CITY-ST-ZIP	MIDLAND MI	
TITLE	V	<input type="checkbox"/> Delete
NAME	KELLY, B S	
STREET ADDRESS	2200 SALZBURG ROAD	
CITY-ST-ZIP	MIDLAND MI	
TITLE	V	<input type="checkbox"/> Delete
NAME	LACEFIELD, G. W.	
STREET ADDRESS	220 SALZBURG ROAD	
CITY-ST-ZIP	MIDLAND MI	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHURCHFIELD, JOHN W.	
STREET ADDRESS	2200 SALZBURG ROAD	
CITY-ST-ZIP	MIDLAND MI	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Rothhaar	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Falender	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 changed, or on an attachment with an address, with all other officers or directors.

SIGNATURE: *[Signature]* **APR 28, 2000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)