

(Red	questor's Name)	
(Add	iress)	
(Add	dress)	
(100	11033)	
(City	//State/Zip/Phone	e #)
		—
☐ PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
/Doc	cument Number)	
(Loc	oment Number)	
Certified Copies Certificates of Status		
Special Instructions to F	Filina Officer:	
opecial instructions to	ining Officer.	
<u> </u>		

Office Use Only



900336029309

11/81/19--81019--821 **95.00

2819 KEN - 1 MI 8: 50

R. WHITE DEC 02 2019



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscglobal.com

Date: October 30, 2019

Order#: 028938-014

Re: CABOT CORPORATION

Enclosed please find:

XX __ Change of Registered Agent and Office.

XX _ Check in the amount of \$35 _.

Please take the following action:

XX File in your office on a routine basis.

XX _ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Anthony Arthur c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corpor	502, 617.0502, 607.1508, or 617.1508, Florida Statutes, tration organized under the laws of the State of DE fice or registered agent, or both, in the State of Florida.	this
1. The name of t	he corporation: CABOT COF	RPORATION	
	office address: ORT LANE SUITE 1300 BOS	STON MA 02210	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 01/18	/1974 Document number: 831681	
	I street address of the current tment of State: (If resigned, o	registered agent and registered office on file with the enter resigned)	
	C T CORPORATION SYST	rem	
	1200 SOUTH PINE ISLAND	D RD.	201
	PLANTATION	FL 33324	7019 177 - 1
(if changed):			
	Corporation Service Compa	any	8: 5
	1201 Hays Street		0
	Tallahassee	P.O. Box NOT acceptable FL 32301	
The street addre	ess of its registered office an be identical.	ad the street address of the business office of its register	ed agent.
Such change wa authorized by th	as authorized by resolution d ne board, or the corporation l	luly adopted by its board of directors or by an officer so has been notified in writing of the change.)
Jill Cilmi, Vice President		Jill Cilmi, Vice President	
Signatu	re of an officer or director	Printed or typed name and title	
I further agree i performance of agent. Or, if thi hereby confirm	to comply with the provision my duties, and I am familian is document is being filed ma	ed agent and agree to act in this capacity. is of all statutes relative to the proper and complete r with and accept the obligation of my position as regis erely to reflect a change in the registered office addres en notified in writing of this change.	tered s, I
By: X	ace CKuble	10/30/2019 Date	
_	half of an entity:	17dic	
Grace E. Kirby,	Assistant Vice President		
T	ened or Printed Name	— —	

* * * FILING FEE: \$35.00 * * *