2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2004 8:00 am
Secretary of State
04-13-2004 90040 035 ***150.00

DOCUMENT # 839171

1. Entity Name

DEGUSSA CORPORATION

Principal Place of Business	Mailing Address
379 INTERPACE PARKWAY PARSIPPANY NJ 07054-0677	379 INTERPACE PARKWAY PARSIPPANY NJ 07054-0677

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 63-0673043 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SALATORE, JOHN C 23700 CHAGRIN BLVD. BEACHWOOD OH 44122	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOHN C. SALVATORE	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSGC VINOCUR, PETER A 23700 CHAGRIN BLVD. BEACHWOOD OH 44122	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALFRED OBERHOLZ BENNIGSENPLATZ 1 40474 DUSSELDORF, GERMANY	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COB FELCHT, UTZ-HELLMUTH BENNIGSENPLATZ 1 DUSSELDORF, GERMANY 40474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS SCHOENEBERG BENNIGSENPLATZ 1 40474 DUSSELDORF, GERMANY	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS OLSEN, JAMES S 379 INTERPACE PARKWAY PARSIPPANY NJ 07054-0677	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARL VOIGT WEISSFRAUENSTRASSE 9 D-60311 FRANKFURT, GERMANY	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COB WAGNER, HEINZ-JOACHIM BENNINGSENPLATZ 1, DUESSELDORF, GERMANY 40474	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WAGNER, JOACHIM BENNIGSENPLATZ 1 40474 DUSSELDORF,GERMANY	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOLLMEIER, HANS-JOACHIM GOLDSCHMIDTSTRASSE 100 DUSSELDORF, GERMANY 45127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KOLLMEIER, HANS-JOACHIM ESSEN, GERMANY 45127	☒ 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: [signature] JAMES S. OLSEN April 7, 2004 (973) 541-8867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #