83917/

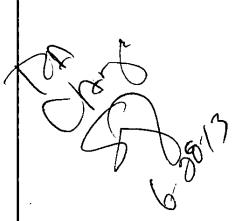
(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
	·	

Office Use Only



000248590920

06/27/13--01023--005 **35.00







CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: June 25, 2013

Order#: 693029-008

Re: EVONIK CORPORATION

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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: Evelyn Wright

c/o Corporation Service Company 2711 Centerville Road, Suite 400

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.

QUCA.XCOA

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

statement of cha	nge is submitted for a corporation organi	2, 607.1308, or 617.1308, Florida Statutes, the ized under the laws of the State of Alabama	4S
	r to change its registered office or registe the corporation:	ered agent, or both, in the State of Florida.	
2. The principal	office address: 299 Jefferson Road, Pars	sippany, NJ 07054-0677	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 09/22/1977	Document number: 839171	
	I street address of the current registered ag tment of State: (If resigned, enter resigned		
	CT Corporation System		
	c/o CT Corporation System, 1200 South	n Pine Island Road	
	Plantation, FL 33324		9 DV.
6. The name and (if changed):	I street address of the new registered agen	at (if changed) and /or registered office	SECRETAR) ISION OF C
	Corporation Service Company		
	1201 Hays Street		OF STAI ORPORAT
	P.O Box NOT. Tallahassee, FL 32301	acceptable	TIONS
The street addre	ess of its registered office and the street a be identical.	address of the business office of its registere	d agent,
Such change wa authorized by th	as authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.	
00	K 2_	Dona Priebe, Vice President	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and to comply with the provisions of all statum to divide and to comply with the provisions of all statum divides, and I am familiar with and active divides and to reflect that the corporation has been notified in Service Company	ites relative to the proper and complete ecept the obligation of my position as registe ect a change in the registered office address,	ered I
By: Drge	Takishi nature of Registered Agent	June 17, 2013	
_	half of an entity:	Date	
	Assistant Vice President		
	yped or Printed Name		
	* * * FILING FEI	E: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)