


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 839620**  
 1. Entity Name  
**BASF CORPORATION**



Principal Place of Business 100 CAMPUS DR FLORHAM PARK, NJ 07932 US	Mailing Address 100 CAMPUS DR FLORHAM PARK, NJ 07932 US
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01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 16-1090809	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
 CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

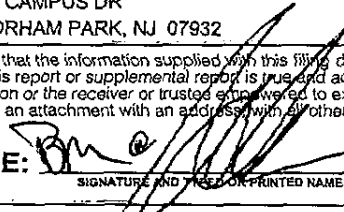
1100000387197  
 01/19/06-80029-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LOEBBE, KLAUS P
STREET ADDRESS	100 CAMPUS DR
CITY-ST-ZIP	FLORHAM PARK, NJ 07932
TITLE	AS
NAME	GOLDBERG, STEVEN J
STREET ADDRESS	100 CAMPUS DR
CITY-ST-ZIP	FLORHAM PARK, NJ 07932
TITLE	EVP
NAME	ENGEL, HANS-ULRICH
STREET ADDRESS	100 CAMPUS DR
CITY-ST-ZIP	FLORHAM PARK, NJ 07932
TITLE	AS
NAME	GERMINARIO, ANTHONY S
STREET ADDRESS	100 CAMPUS DR
CITY-ST-ZIP	FLORHAM PARK, NJ 07932
TITLE	T
NAME	KAPLAN, PHILIP E
STREET ADDRESS	100 CAMPUS DR
CITY-ST-ZIP	FLORHAM PARK, NJ 07932
TITLE	VP
NAME	MALONE, ROBERT E
STREET ADDRESS	100 CAMPUS DR
CITY-ST-ZIP	FLORHAM PARK, NJ 07932

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.

SIGNATURE:  **ANTHONY GERMINARIO** 1/16/06 973-245-6570  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #