

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90014 038 ***150.00

DOCUMENT # 843408

1. Entity Name
CPFILMS INC.



Principal Place of Business
**4210 THE GREAT RD
STATE RTE. 683
FIELDALE VA 24089
US**

Mailing Address
**POST OFFICE BOX 5068
MARTINSVILLE VA 24115-5068
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **06-0385340**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CE
VICKERS, KEN
STATE ROAD 683 - WHITBY ACRES
FIELDALE VA** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP - Finance
James P. Focareto
575 Maryville Centre Dr.
St. Louis, MO 63146** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
DAVIES, KENT J
575 MARYVILLE CENTRE DR
SAINT LOUIS MO 63146** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Asst. Secretary
Miriam R. Singer
575 Maryville Centre Dr.
St. Louis, MO 63146** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPAT
TICHENOR, JAMES A
575 MARYVILLE CENTER DR
SAINT LOUIS MO 63146** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Asst. Treasurer
Marvin R. Haselhorst
575 Maryville Centre Dr.
St. Louis, MO 63146** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
SPIHLMAN, TIMOTHY J
575 MARYVILLE CENTRE DR
SAINT LOUIS MO 63146** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPS
KLEIN, ROSEMARY
575 MARYVILLE CENTRE DRIVE
SAINT LOUIS MO 63146** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**AS
MCCOOL, DAVID P
575 MARYVILLE CENTRE DR
SAINT LOUIS MO 63146** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

SIGNATURE:

Kent J. Davies

Kent J. Davies

3/29/07

276-627-3269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



ATTACHMENT

40079237

#843408

Inc.

SOLUTIA

CP Films Inc.

P.O. Box 5068
Martinsville
Virginia 24115
(276) 627-3000
Fax: (276) 627-3510

Directors:

Kent J. Davies
575 Maryville Centre Dr.
St. Louis, MO 63146

Robert T. Debolt
575 Maryville Centre Dr.
St. Louis, MO 63146

James R. Voss
575 Maryville Centre Dr.
St. Louis, MO 63146