

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90325 017 ***150.00

DOCUMENT # F01000001442

1. Entity Name
CIBA SPECIALTY CHEMICALS CORPORATION

Principal Place of Business

**560 WHITE PLAINS ROAD
TARRYTOWN NY 10591**

Mailing Address

**560 WHITE PLAINS ROAD
TARRYTOWN NY 10591**

2. Principal Place of Business

540 White Plains Rd.
Suite, Apt. #, etc.

3. Mailing Address

540 White Plains Road
Suite, Apt. #, etc.
Attn: Tax Dept.



DO NOT WRITE IN THIS SPACE

City & State
Tarrytown, NY

City & State
Tarrytown, NY

4. FEI Number
13-3904291

Applied For
 Not Applicable

Zip Country
10591 Westchester

Zip Country
10591 Westchester

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO SHERMAN, STANLEY 560 WHITE PLAINS ROAD TARRYTOWN NY 10591 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MCGRAW, JOHN J 560 WHITE PLAINS ROAD TARRYTOWN NY 10591 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO HOSP, WALTER D 560 WHITE PLAINS ROAD TARRYTOWN NY 10591 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CORDNER, TERENCE A JR. 560 WHITE PLAINS ROAD TARRYTOWN NY 10591 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CZERNECKI, LORETTA 560 WHITE PLAINS ROAD TARRYTOWN NY 10591 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HEFFERIN, DOUGLAS J 560 WHITE PLAINS ROAD TARRYTOWN NY 10591 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir, Pres & Chairman of the Board of Directors Martin Riediker 540 White Plains Road Tarrytown, NY 10591 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	540 White Plains Road <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sam J. Jank* **4/11/02** **914-785-2537**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

LV 1004230

CR2E034 (9/01)