


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000001442
1. Entity Name
CIBA SPECIALTY CHEMICALS CORPORATION



Principal Place of Business 540 WHITE PLAINS ROAD TARRYTOWN, NY 10591	Mailing Address 540 WHITE PLAINS ROAD TARRYTOWN, NY 10591
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01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3904291	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
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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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 re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC RIEDIKER, MARTIN 540 WHITE PLAINS ROAD TARRYTOWN, NY 10591
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FINKELMAN, ERIC R 540 WHITE PLAINS ROAD TARRYTOWN, NY 10591
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OROCZO, ENRIQUE 540 WHITE PLAINS ROAD TARRYTOWN, NY 10591
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CORDNER, TERENCE A. JR. 540 WHITE PLAINS ROAD TARRYTOWN, NY 10591
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CZERNECKI, LORETTA 540 WHITE PLAINS ROAD TARRYTOWN, NY 10591
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HEFFERIN, DOUGLAS J 540 WHITE PLAINS ROAD TARRYTOWN, NY 10591

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04/27/05-80079-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Lawrence F. Zaino, Jr. **Lawrence F. Zaino, Jr.** 1/4/05 **914-785-2537**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Assistant Secretary Date Daytime Phone #