
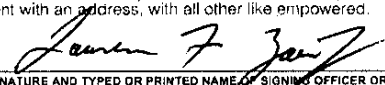


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90074 012 ***150.00

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-3904291	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPC	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT, NAFTA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIEDIKER, MARTIN		NAME	COLIN C. MACKAY	
STREET ADDRESS	540 WHITE PLAINS ROAD		STREET ADDRESS	540 WHITE PLAINS RD.	
CITY-ST-ZIP	TARRYTOWN, NY 10591		CITY-ST-ZIP	Tarrytown, NY 10591	
TITLE	VS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINKELMAN, ERIC R		NAME		
STREET ADDRESS	540 WHITE PLAINS ROAD		STREET ADDRESS		
CITY-ST-ZIP	TARRYTOWN, NY 10591		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OROCZO, ENRIQUE		NAME		
STREET ADDRESS	540 WHITE PLAINS ROAD		STREET ADDRESS		
CITY-ST-ZIP	TARRYTOWN, NY 10591		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORDNER, TERENCE A JR.		NAME		
STREET ADDRESS	540 WHITE PLAINS ROAD		STREET ADDRESS		
CITY-ST-ZIP	TARRYTOWN, NY 10591		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CZERNECKI, LORETTA		NAME		
STREET ADDRESS	540 WHITE PLAINS ROAD		STREET ADDRESS		
CITY-ST-ZIP	TARRYTOWN, NY 10591		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEFFERIN, DOUGLAS J		NAME		
STREET ADDRESS	540 WHITE PLAINS ROAD		STREET ADDRESS		
CITY-ST-ZIP	TARRYTOWN, NY 10591		CITY-ST-ZIP		
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 all other like empowered.					
SIGNATURE: 		Date: 4/3/06		Daytime Phone #: 914-785-2537	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					