

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State

04-04-2002 90002 046 ***150.00

0574881 AT

DOCUMENT # F01000003435

1. Entity Name

ROHM AMERICA INC.

Principal Place of Business

C/O RODGER B. CRAM
 2 TURNER PLACE
 PISCATAWAY NJ 08855

Mailing Address

C/O RODGER B. CRAM
 2 TURNER PLACE
 PISCATAWAY NJ 08855

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3585081

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

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME CRAM, RODGER B
 STREET ADDRESS 2 TURNER PLACE
 CITY-ST-ZIP PISCATAWAY NJ 08855 ☐ Delete

TITLE S
 NAME O'BRIEN, PAUL T.
 STREET ADDRESS 379 INTERPACE PARKWAY
 CITY-ST-ZIP PARSIPPANY, NJ 07054-0677 ☐ Change ☒ Addition

TITLE SD
 NAME TAYLOR, DENNIS J
 STREET ADDRESS 379 INTERPACE PARKWAY
 CITY-ST-ZIP PARSIPPANY NJ 07054-0677 ☐ Delete

TITLE D
 NAME TAYLOR, DENNIS J
 STREET ADDRESS 379 INTERPACE PARKWAY
 CITY-ST-ZIP PARSIPPANY NJ 07054-0677 ☒ Change ☐ Addition

TITLE D
 NAME HAEERLE, THOMAS
 STREET ADDRESS DEGUSSA AG, KIRSCHENALLEE, D-64293
 CITY-ST-ZIP DARMSTADT, GERMANY ☐ Delete

TITLE T
 NAME SOLOMOWITZ, MITCHELL
 STREET ADDRESS 379 INTERPACE PARKWAY
 CITY-ST-ZIP PARSIPPANY, NJ 07054-0677 ☐ Change ☒ Addition

TITLE D
 NAME MINNERUP, WOLFGANG
 STREET ADDRESS ABT. SOWO-L, RHODENBACHER CHAUSSEE 4
 CITY-ST-ZIP HANAU-WOLFGANG, GERMANY ☒ Delete

TITLE D
 NAME KRESS, HANS-JUERGEN
 STREET ADDRESS KIRSCHENALLEE 14,
 CITY-ST-ZIP 64293 DARMSTADT, GERMANY ☐ Change ☒ Addition

TITLE D
 NAME SCHAUFLE, HANS-PETER
 STREET ADDRESS DEGUSSA AG, KIRSCHENALLEE, D-64293
 CITY-ST-ZIP DARMSTADT, GERMANY ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02

973-541-8880

Date

Daytime Phone #

CR2E034 (9/01)