

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

FILED

03 JUN 17 AM 10:48



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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)

100021269431
07/02/03--01030--004 **150.00

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE Secretary
NAME PETER A. VINOCUR
STREET ADDRESS 23700 CHAGRIN BLVD.
CITY-ST-ZIP CLEVELAND, OH 44122-5554 ☒ Change ☐ Addition

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

TITLE Director
NAME RODGER B. CRAM
STREET ADDRESS 2 TURNER PLACE
CITY-ST-ZIP PISCATAWAY, NJ 08855 ☒ Change ☐ Addition

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

TITLE Asst. Sec.
NAME JAMES S. OLSEN
STREET ADDRESS 379 INTERPACE PARKWAY
CITY-ST-ZIP PARSIPPANY, NJ 07054-0677 ☒ Change ☐ Addition

TITLE D
NAME KRESS, HANS-JUERGEN
STREET ADDRESS KIRSCHENALLEE 14
CITY-ST-ZIP DARMSTADT GY 64293 ☒ Delete

TITLE Director
NAME THOMAS HAEBERLE
STREET ADDRESS KIRSCHENALLEE 14
CITY-ST-ZIP 64293 DARMSTADT, GERMANY ☒ Change ☐ Addition

TITLE VP
NAME VOLKER SCHLEPP
STREET ADDRESS RHEINGEWANNWEG 10
CITY-ST-ZIP D-67547 WORMS DEUTSCHLAND ☐ Delete

TITLE President
NAME RODGER B. CRAM
STREET ADDRESS 2 TURNER PLACE
CITY-ST-ZIP PISCATAWAY, NJ 08855 ☐ Change ☒ Addition

TITLE D
NAME WOLFGANG MINNERUP
STREET ADDRESS RODENBACHER CHAUSSEE 4
CITY-ST-ZIP 63457 HANAU, GERMANY ☐ Delete

TITLE Director
NAME HANS-PETER SCHAUFLE
STREET ADDRESS KIRSCHENALLEE 14
CITY-ST-ZIP 64293 DARMSTADT, GERMANY ☐ Change ☒ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Peter A. Vinocur (Peter A. Vinocur) Secretary

4-10-03

(973) 541-8857

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)