

F02000003847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

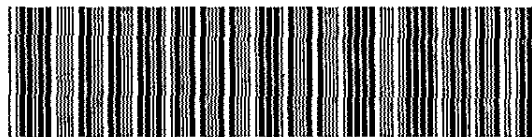
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DSM NeoResins Inc.

(Name of Corporation)

DOCUMENT NUMBER: F02000003847

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Denise Annunciata

(Name of Contact Person)

Virtual Paralegal Services, LLC

(Firm/Company)

25-8 Middlesex Road

(Address)

Waltham, Massachusetts 02452

(City/State and Zip Code)

For further information concerning this matter, please call:

Denise Annunciata

(Name of Contact Person)

at (781)

891-8808

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



VIRTUAL PARALEGAL SERVICES

Direct Dial: 781-891-8808

E-mail: denise@virtualparalegalservices.com

January 30, 2007

Florida Department of State
Amendment Section
Division of Corporations
P.O Box 6327
Tallahassee, FL 32314

RE: DSM NeoResins Inc.
Change of Agent

Dear Sir/Madam,

Enclosed please find a *Change of Registered Agent form to be filed on behalf of the above-captioned company appointing National Registered Agents, Inc. as their new registered agent together with a check in the amount of \$35.00.*

Please acknowledge receipt of this letter and the enclosed form by signing or stamping the enclosed copy of this letter and returning it in the self-addressed stamped envelope.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Denise M. Annunciata

cc: Paul A. Teece/DSM NeoResins Inc.

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of DE in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DSM NeoResins Inc.
2. The principal office address: 730 Main Street
Wilmington, MA 01887
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/27/2001 Document number: F02000003847

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

2731 Executive Park Drive, Suite 4

(P.O. Box NOT acceptable)

Weston, FL 33331

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Paul A. Teece, Vice President and
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

1/30/2007
(Date)

If signing on behalf of an entity:

Denise M. Annunciata
(Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *