2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State
02-26-2007 90073 018 ***150.00

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1. Entity Name
DSM NEORESINS INC.

Principal Place of Business	Mailing Address
730 MAIN STREET WILMINGTON, MA 01887	730 MAIN STREET WILMINGTON, MA 01887

40024609

01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3574982
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~CORPORATION SERVICE COMPANY~~ NRAI Services, Inc.
~~1201 HAYS STREET~~ 2731 Executive Park Dr
~~TALLAHASSEE, FL 32301-2525~~ Suite 4
Weston, FL 33331

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALSTERBERG, RICHARD W
STREET ADDRESS	730 MAIN STREET
CITY-ST-ZIP	WILMINGTON, MA 01887
TITLE	D
NAME	TEECE, PAUL A
STREET ADDRESS	730 MAIN STREET
CITY-ST-ZIP	WILMINGTON, MA 01887
TITLE	D
NAME	EVANS, LAMAR JR.
STREET ADDRESS	730 MAIN STREET
CITY-ST-ZIP	WILMINGTON, MA 01887
TITLE	D
NAME	MC NARRY, KELLIE S
STREET ADDRESS	730 MAIN STREET
CITY-ST-ZIP	WILMINGTON, MA 01887
TITLE	S
NAME	BIVINS, WILLIAM
STREET ADDRESS	45 WATERVIEW BLVD
CITY-ST-ZIP	PARSIPPANY, NJ 07054
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Teece 2/12/07 978-661-7376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #