2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2005 8:00 am Secretary of State **DOCUMENT # F04000000884** 04-26-2005 90153 013 ***150.00 1. Entity Name ROHACRYL, INC. 40067188 Principal Place of Business Mailing Address 379 INTERPACE PKWY 379 INTERPACE PKWY PO BOX 677 PO BOX 677 PARSIPPANY, NJ 07054-0677 PARSIPPANY, NJ 07054-0677 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 01072005 Chq-P Applied For 4 FELNumber City & State City & State 22-2118583 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change XXAddition PO IX Delete TITLE PRESIDENT / DIRECTOR TITLE NOTHNAGEL, KARLHEINZ NAME NAME MICHAEL MUELLER-HENNIG DROSSETWEG 20, 6109 MUHLTAL STREET ADDRESS DR.-GUSTAUV-ADOLPH-STRASSE PULLACH, GERMANY 82049 STREET ADDRESS GERMANY, CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete Change III F VPD HETZKE, GREGOR NAME HETZKE, GREGOR NAME STREET ADDRESS STREET ADDRESS DR ALBERT-FRANK STR 32 TROSTBERG KIRSCHENALLEE 14 CITY-ST-ZIP **GERMANY 83308,** CITY-ST-ZIP DARMSTADT, GERMANY 64293 Delete TITLE ☐ Chance Addition TITLE VINOCUR, PETER A NAME NAME STREET ADDRESS 23700 CHAGRIN BLVD STREET ADDRESS CITY-ST-ZIP BEACHWOOD, OH 441225554 CITY-ST-ZIP X Delete TITLE TREASURER Change XXAddition HILE SOLOMOWITZ, MITCHELL NAME NAME AMIN, JIGNESH 379 INTERPACE PKWY STREET ADDRESS 379 INTERPACE PKWY. PARSIPPANY, NJ 07054-0677 STREET ADDRESS PARSIPPANY, NJ 070540677 CITY-ST-ZIP CITY - ST - ZIE Addition ☐ Delete THIE Change OLSEN, JAMES S NAME NAME 379 INTERPACE PKWY STREET ADDRESS STREET ADDRESS PARSIPPANY, NJ 070540677 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP

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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

MIMA

4-21-05

FILED