

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000002270

1. Entity Name
ROCKWOOD PIGMENTS NA, INC.



Principal Place of Business

7101 MUIRKIRK ROAD
BELTSVILLE, MD 20705

Mailing Address

7101 MUIRKIRK ROAD
BELTSVILLE, MD 20705

DO NOT WRITE IN THIS SPACE



03112005 No Chg-P CR2E034 (10/03)

4. FEI Number
06-0850804

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	RAPAPORT, RONALD L
STREET ADDRESS	7101 MUIRKIRK ROAD
CITY-ST-ZIP	BELTSVILLE, MD 20705
TITLE	DV
NAME	COHEN, DAVID G
STREET ADDRESS	7101 MUIRKIRK ROAD
CITY-ST-ZIP	BELTSVILLE, MD 20705
TITLE	DVCF
NAME	ZATTA, ROBERT J
STREET ADDRESS	100 OVERLOOK CENTER
CITY-ST-ZIP	PRINCETON, NJ 08540
TITLE	DVS
NAME	RIDAN, THOMAS J
STREET ADDRESS	100 OVERLOOK CENTER
CITY-ST-ZIP	PRINCETON, NJ 08540
TITLE	P
NAME	JOHNSON, CARLTON
STREET ADDRESS	7101 MUIRKIRK ROAD
CITY-ST-ZIP	BELTSVILLE, MD 20705
TITLE	V
NAME	PARIS, NICHOLAS L
STREET ADDRESS	3700 EAST OLYMPIC BLVD.
CITY-ST-ZIP	LOS ANGELES, CA 90023

000000274985
03/24/05-80032-019 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/05 301-210-3900