## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F04000002270

Entity Name: ROCKWOOD PIGMENTS NA, INC.

FILED Oct 09, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 7101 MUIRKIRK ROAD BELTSVILLE, MD 20705 **Current Mailing Address: New Mailing Address:** 7101 MUIRKIRK ROAD BELTSVILLE, MD 20705 FEI Number: 06-0850804 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: MARGARET ROUTZAHN Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition RAPAPORT, RONALD L Name: Name: ROSS, ANDREW 7101 MUIRKIRK ROAD 7101 MUIRKIRK ROAD Address: Address: City-St-Zip: BELTSVILLE, MD 20705 City-St-Zip: BELTSVILLE, MD 20705 DV Title: Title: () Delete () Change () Addition Name: COHEN, DAVID G Name: 7101 MUIRKIRK ROAD Address: Address: BELTSVILLE, MD 20705 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: DVCF () Change () Addition ZATTA, ROBERT J Name: Name: 100 OVERLOOK CENTER Address: Address: PRINCETON, NJ 08540 City-St-Zip: City-St-Zip: Title: DVS () Delete Title: () Change () Addition RIODAN, THOMAS J Name: Name: Address: 100 OVERLOOK CENTER Address: City-St-Zip: PRINCETON, NJ 08540 City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete AS JOHNSON, CARLTON Name: ABRUNZO, DONNA M Name: 7101 MUIRKIRK ROAD Address: 100 OVERLOOK CENTER Address: City-St-Zip: BELTSVILLE, MD 20705 City-St-Zip: PRINCETON, NJ 08540 Title: () Delete Title: () Change () Addition PARIS, NICHOLAS L Name: Name: 3700 EAST OLYMPIC BLVD. Address: Address: City-St-Zip: City-St-Zip: LOS ANGELES, CA 90023

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA M ABRUNZO AS 10/09/2007