

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR -4 AM 11:41

DOCUMENT # F04000002270

1. Corporation Name

Rockwood Pigments NA, Inc.

2. Principal Office Address - No P.O. Box #

7101 Muirkirk Road

Suite, Apt. #, etc.

3. Mailing Office Address

7101 Muirkirk Road

Suite, Apt. #, etc.

City & State

Beltsville, MD

City & State

Beltsville, MD

Zip

20705

Country

United States

Zip

20705

Country

United States

600171173466
03/04/10--01002--004 **758.75

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida

4/23/2004

5. FEI Number

060850804

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Margaret E. Rauscher

REGISTERED AGENT MUST SIGN

Date 2/18/10

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	Andrew M. Ross	7101 Muirkirk Road	Beltsville, MD 20705
D/V	David G. Cohen	7101 Muirkirk Road	Beltsville, MD 20705
D/V	Robert J. Zatta	100 Overlook Center	Princeton, NJ 08540
D/V	Thomas J. Riordan	100 Overlook Center	Princeton, NJ 08540
AS	Michael W. Valente	100 Overlook Center	Princeton, NJ 08540
AS	Donna M. Abrunzo	100 Overlook Center	Princeton, NJ 08540

10. E-mail Address: cdeagler@rocksp.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/10

Date

609-734-6425

Daytime Phone #