2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 04, 2007 8:00 am Secretary of State DOCUMENT # F05000003144 1. Entity Namo 05-04-2007 90065 009 ***150.00 DEGUSSA SPECIALTY POLYMERS, INC. Principal Place of Business Mailing Address 379 INTERPACE PARKWAY 379 INTERPACE PARKWAY PARSIPPANY NJ 07054 PARSIPPANY NJ 07054 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 26-0114781 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THLE TITLE Delete □ Change **X**Addition Secretary ROLANDO, JOHN NAME NAME Megan Severinsen 379 INTERPACE PARKWAY STREET ADDRESS STREET ADDRESS 379 Interpace Parkway PARSIPPANY NJ 07054 CITY-ST-ZIP CITY - ST-ZIP Parsippany, NJ 07054 IIILE ☐ Delete TITLE ☐ Change ☐ Addition AMIN. JIGNESH NAME NAME 379 INTERPACE PARKWAY STREET ADDRESS STREET ADDRESS PARSIPPANY NJ 07054 CITY-ST-ZIP CITY-ST-ZIP TITLE S X Delete TITLE Change ☐ Addition VINOCUR, PETER A MALIE NAME 2300 CHAGRIN BOULEVARD STREET ADDRESS STREET ADDRESS BEACHWOOD OH 44122 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 1017 ☐ Change Addition MUELLER-HENNIG, MICHAEL NAME DR GUSTAUV ADOLPH STRASSE 3 STREET ADDRESS STREET ADDRESS PULLACH, GERMANY 82049 CITY-ST-7IP CITY - ST-ZIP TITLE Delete TITLE Addition SPINDLER, MANFRED NAME NAME DEGUSSA AG, BENNINGSPLATS 1 STREET ADDRESS STREET ADDRESS DUESSELDORF, D-40474 GERMANY CITY-ST-ZIP CITY - S1 - 7IP TITLE Delete THE Change ☐ Addition HETZKE, GREGOR NAME NAME ROHM GMBH & CO. KG STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

s nesh

CHY-ST-ZIP

KIRSCHENALLEE, D-64293 DARMS

NG OFFICER OR DIRECTOR

Daytime Phone #

FILED