## 2006 FOR PROFIT CORPORATION

## Mar 27, 2006 8:00 am Secretary of State **ANNUAL REPORT** 03-27-2006 90238 049 \*\*\*150.00 **DOCUMENT # F05000006726** 1. Entity Name IMERYS KAOLIN, INC. 4 Anna Principal Place of Business Mailing Address 100 MANSELL COURT EAST, SUITE 300 100 MANSELL COURT EAST, SUITE 300 ROSWELL, GA 30076 ROSWELL, GA 30076 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02072006 Chg-P CR2E034 (11/05) City & State 4. FEI Number Applied For City & State Not Applicable 58-1924211 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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CP TITLE ☐ Delete TITLE ☐ Addition SALMONA, THIERRY NAME NAME 154/156, RUE DE 1'UNIVERSITE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 75007 PARIS, FRANCE, ☐ Delete ☐ Addition TITLE TITLE NAME HICKS, JEFFREY C NAME STREET ADDRESS 100 MANSELL COURT EAST, SUITE 300 STREET ADDRESS CITY-ST-ZIP ROSWELL, GA 30076 CITY-ST-ZIP DVP TITLE ☐ Addition TITLE ☐ Delete ☐ Channe NAME LAFIANDRA, CATHERINE H NAME STREET ADDRESS 100 MANSELL COURT EAST, SUITE 300 STREET ADDRESS CITY-ST-7IP ROSWELL, GA 30076 CITY-ST-7IP ☐ Delete ☐ Change ■ Addition RADCLIFFE, SUSAN B NAME NAME 100 MANSELL COURT EAST, SUITE 300 STREET ADDRESS STREET ADDRESS ROSWELL, GA 30076 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

Susan B. Radcliffe

**FILED**