2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# F08000001967

Entity Name: HERAEUS INCORPORATED

Current Principal Place of Business:

540 MADISON AVENUE
NEW YORK, FL 10022

New Principal Place of Business:

540 MADISON AVENUE
NEW YORK, NY 10022 US

Current Mailing Address:

540 MADISON AVENUE
NEW YORK, FL 10022

New Mailing Address:

540 MADISON AVENUE
NEW YORK, NY 10022 US

FEI Number: 22-2209713 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GERNER, ROLAND DR.
Address: HERAEUSSTRASSE 12-14
City-St-Zip: HANAU 1 GERMANY, D-63450,

Title: PD ( ) Delete
Name: BURDSALL, JOHN O
Address: 540 MADISON AVENUE
City-St-Zip: NEW YORK, FL 10022

Title: D ( ) Delete
Name: RINNERT, JAN
Address: HERAEUSSTRASSE 12-14
City-St-Zip: HANAU 1 GERMANY, D-63450,

Title: D ( ) Delete
Name: LYONS, THOMAS E
Address: 540 MADISON AVENUE
City-St-Zip: NEW YORK, FL 10022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: RINNERT, JAN .
Address: 12-14 HERAEUSSTRASSE
City-St-Zip: HANAU, GE D-63450 GE

Title: P (X) Change ( ) Addition
Name: SCHUH-KLAEREN, MAIKE
Address: 540 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10022 US

Title: VP (X) Change ( ) Addition
Name: SALEK, FREDERICK
Address: 540 MADISON AVE
City-St-Zip: NEW YORK, NY 10022 US

Title: T (X) Change ( ) Addition
Name: LYONS, THOMAS E
Address: 540 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10022 US

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: THOMAS E. LYONS T 04/21/2009

Electronic Signature of Signing Officer or Director — Date