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To: Division of Corporations Fax Number : (850)617-6380 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

> REGISTERED AGENT CHANGE UMICORE PRECIOUS METALS USA INC.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607,0502, 617. statement of change is submitted for a corporation ofin order to change its registered office or re		his
The name of the corporation: Umicore Precious Me The principal office address: 300 Wampanoag Trail Riverside, RI 02915	aals USA Inc.	
3. The mailing address (if different):		
4. Date of incorporation/qualification: 7/10/2014	Document number: F14000002953	
The name and street address of the current registers Florida Department of State: (If resigned, enter resigned)		
CORPORATION SERVICE COMPA	NY	
1201 HAYS STREET		
TALLAHASSEE, FL 32301		
6. The name and street address of the new registered (if changed):	agent (if changed) and /or registered office	
C T Corporation System	<u> </u>	
1200 South Pine Island Road		
P.O. Box NOT acceptable		1803
Plantation, Florida 33324		2021 FEB
The street address of its registered office and the stras changed will be identical.		
Such change was authorized by resolution duly ado authorized by the board, or the corporation has been proceeding by	pted by its board of directors or by an officers of notified in writing of the change.	
Paul Foolhaas	Paul Koolhaas, President	9. 2
I hereby accept the appointment as registered agent I further agree to comply with the provisions of all : of my duties, and I am familiar with and accept the document is being filed merely to reflect a change it corporation has been notified in writing of this chan	t and agree to act in this capacity. staintes relative to the proper and complete per obligation of my position as registered agent. (n the registered office address, I hereby confirm nge.	formance Or, if this I that the
C T Corporation System	February 1, 2021	
Signature of Registered Agent	Date	
If signing on behalf of an entity:		
Lisa DuBois		
Typed or Printed Name * * * FILENCE	FEE: \$35.00 * * *	
MAKE CHECKS PAYABLE TO	FLORIDA DEPARTMENT OF STATE s, P.O. Box 6327, Tallahassee, FL 32314	

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By: