2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2000 8:00 am
Secretary of State
06-02-2000 90017 033 ***550.00

DOCUMENT F92000000746

1. Entity Name

Rhone-Poulenc AG Company, Inc.

Principal Place of Business	Mailing Address
~~259 PROSPECT PLAINS ROAD~~ ~~CRANBURY NJ 08512~~ ~~US~~	~~CN 7500~~ ~~ATTEN LEGAL DEPT~~ ~~CRANBURY NJ 08512~~ US

2. Principal Place of Business	3. Mailing Address
2 TW ALEXANDER DR.	P.O. Box 12014
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: RESEARCH TRIANGLE PARK, NC	City & State: RTP, NC
Zip: 27709 Country: US	Zip: 27709 Country: US

4. FEI Number 13-1576812 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC MAUPU, MICHEL C/O RP. 14-20 RUE PIERRE BAIZET LYON FR 69009	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR DELAGE, MAURICE 2 TW ALEXANDER DRIVE RTP, NC 27709	☐ Change ☑ Addition LS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P READE, ALAN 2 T.W. ALEXANDER DR RESEARCH TRIANGLE PARK NC 27709	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/SECRETARY [redacted] WEINER, KAREN 2 TW ALEXANDER DR. RTP, NC 27709	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP AMAT, THIERRY 2 T.W. ALEXANDER DRIVE RESEARCH TRIANGLE PARK NC 27709	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT AND CHAIRMAN OF BOARD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS IATESTA, JOHN CN 5266 PRINCETON NJ 08543-5266	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/TREASURER SHELLEY, DALE 2 TW ALEXANDER DR. RTP, NC 27709	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DONAHUE, JOHN P CN 5266 PRINCETON NJ	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASST. SEC. JONES, RANDALL 2TW ALEXANDER DR. RTP, NC 27709	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASST. SEC. JAMES, CHRISTOPHER 2TW ALEXANDER DR. RTP, NC 27709	☐ Change ☑ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Randall A. Jones 5/22/2000 919 549-2804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)