

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F93000005842**

1. Entity Name
CYTEC INDUSTRIES INC.

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90009 005 ***550.00

Principal Place of Business
**5 GARRET MOUNTAIN PLAZA
WEST PATERSON NJ 07424**

Mailing Address
**5 GARRET MOUNTAIN PLAZA
WEST PATERSON NJ 07424**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 22-3268660		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LILLEY, DAVID		NAME				
STREET ADDRESS	FIVE GARRET MOUNTAIN PLAZA		STREET ADDRESS				
CITY-ST-ZIP	W. PATERSON NJ		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	BURNS, GENE A		NAME	Jackman, E.F.			
STREET ADDRESS	560 SYLVAN AVE.		STREET ADDRESS	Five Garret Mountain Plaza			
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ 07632-3104		CITY-ST-ZIP	West Paterson, NJ 07424			
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ARMSTRONG, FREDERICK W		NAME				
STREET ADDRESS	477 PAUL AVE.		STREET ADDRESS				
CITY-ST-ZIP	ALLENDALE NJ 07401		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	POWELL, WILLIAM P		NAME				
STREET ADDRESS	535 MADISON AVE.		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10022		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CRONIN, JAMES P		NAME				
STREET ADDRESS	FIVE GARRET MOUNTAIN PLAZA		STREET ADDRESS				
CITY-ST-ZIP	WEST PATERSON NJ		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

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: **RICHARD T. FERGUSON** **VICE PRESIDENT, TAX** **8/10/2000** **(973) 357-3100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)