


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 A
Secretary of State

DOCUMENT # F93000005842 1. Entity Name CYTEC INDUSTRIES INC.	
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Principal Place of Business 5 GARRET MOUNTAIN PLAZA WEST PATERSON, NJ 07424	Mailing Address 5 GARRET MOUNTAIN PLAZA WEST PATERSON, NJ 07424
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01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3268660	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324
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IN THIS SPACE**

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

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LILLEY, DAVID FIVE GARRET MOUNTAIN PLAZA W. PATERSON, NJ
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARMSTRONG, FREDERICK W 477 PAUL AVE. ALLENDALE, NJ 07401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POWELL, WILLIAM P 535 MADISON AVE. NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CRONIN, JAMES P FIVE GARRET MOUNTAIN PLAZA WEST PATERSON, NJ
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SMITH, ROY 5 GARRET MOUNTAIN PLAZA WEST PATERSON, NJ 07424
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS FERGUSON, RICHARD T FIVE GARRET MOUNTAIN PLAZA WEST PATERSON, NJ 07424

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04/25/05-80158-013 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4-15-05** **973-357-3100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #