

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F93000005842

1. Entity Name
CYTEC INDUSTRIES INC.



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



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number
22-3268660

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**DO NOT WRITE
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LILLEY, DAVID
STREET ADDRESS FIVE GARRET MOUNTAIN PLAZA
CITY-ST-ZIP W. PATERSON, NJ

TITLE D
NAME ARMSTRONG, FREDERICK W
STREET ADDRESS 477 PAUL AVE.
CITY-ST-ZIP ALLENDALE, NJ 07401

TITLE D
NAME POWELL, WILLIAM P
STREET ADDRESS 535 MADISON AVE.
CITY-ST-ZIP NEW YORK, NY 10022

TITLE VP
NAME CRONIN, JAMES P
STREET ADDRESS FIVE GARRET MOUNTAIN PLAZA
CITY-ST-ZIP WEST PATERSON, NJ

TITLE VP
NAME SMITH, ROY
STREET ADDRESS 5 GARRET MOUNTAIN PLAZA
CITY-ST-ZIP WEST PATERSON, NJ 07424

TITLE AS
NAME FERGUSON, RICHARD T
STREET ADDRESS FIVE GARRET MOUNTAIN PLAZA
CITY-ST-ZIP WEST PATERSON, NJ 07424

U00000525403
05/04/06-80032-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06

Date

973-357-3100

Daytime Phone #