2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 12, 2000 8:00 am Secretary of State DOCUMENT # F9400006221 1. Entity Name ENGELHARD DT, INC. 07-12-2000 90145 006 ***550.00 Mailing Address Principal Place of Business 101 WOOD AVENUE 101 WOOD AVENUE ISELIN NJ 08830 ISELIN NJ 08830-2703 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 22-3256041 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COBER CORPORATE AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 2601 SO. BAYSHORE DR., 19TH PL. **MIAMI FL 33133** 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5:00-May-Be-After MAY 1, 2000 Fee Will be \$550.00 Tax filling requirement and elects to do so: Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition DC TITLE TITLE Delete SCHAFFHAUSER, R.J. NAME NAME STREET ADDRESS STREET ADDRESS 101 WOOD AVENUE CITY-ST-ZIP ISELIN NJ 08830 CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITI F WEXLER, D.M. NAME STREET ADDRESS 101 WOOD AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ISELIN NJ 08830 Addition Change SD ☐ Delete TITLE DORNBUSCH, A.A. II NAME NAME STREET ADDRESS STREET ADDRESS 101 WOOD AVENUE CITY-ST-ZIP CITY-ST-ZIP ISELIN NJ 08830 ☐ Change Addition TITLE Delete TITLE SPERDUTO, M.A. NAME NAME STREET ADDRESS STREET ADDRESS 101 WOOD AVENUE CITY-ST-ZIP CITY-ST-ZIP ISELIN NJ 08830 ☐ Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in 13. I hereby certify that the information supplied with s filing does no indicated on this report or supplemental report is e and accurat e appears in Block 11 or Block 12 if of the corporation or the receiver or trustee empo-changed, or on an attachment with an address, w ered to execut AUIRED SIGNATURE: SIGNATURE AND TYPED OR PRINTE Daytime Phone

Attachment OHERWOOWGADI