

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004358

Entity Name: SOLUTIA INC.

FILED
Mar 28, 2007
Secretary of State

Current Principal Place of Business:

575 MARYVILLE CENTRE DR
ST. LOUIS, MO 63141

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 66760
ST. LOUIS, MO 631666760

New Mailing Address:

FEI Number: 43-1781797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CFO () Delete
Name: SULLIVAN, JAMES M
Address: 575 MARYVILLE CENTRE DR
City-St-Zip: ST. LOUIS, MO 63141

Title: SCTY () Delete
Name: KLEIN, ROSEMARY L
Address: 575 MARYVILLE CENTRE DR.
City-St-Zip: ST. LOUIS, MO 63141

Title: CEOD () Delete
Name: QUINN, JEFFRY N
Address: 575 MARYVILLE CENTER DR
City-St-Zip: ST. LOUIS, MO 63141

Title: DIR () Delete
Name: HATFIELD, PAUL
Address: 12444 POWERCOURT DR.
City-St-Zip: ST. LOUIS, MO 63131

Title: AT () Delete
Name: TICHENOR, JAMES A
Address: 575 MARYVILLE CENTRE DR
City-St-Zip: ST. LOUIS, MO 63141

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AT () Change (X) Addition
Name: HASELHORST, MARVIN R
Address: 575 MARYVILLE CENTRE DR.
City-St-Zip: ST. LOUIS, MO 63141 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARVIN R. HASELHORST

AT

03/28/2007

Electronic Signature of Signing Officer or Director

Date