

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

03 MAY 24 PM 2:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

30100569

DOCUMENT # **F98000003901**  
1. Entity Name  
**Solvay Fluoropolymers, Inc**

**DO NOT WRITE IN THIS SPACE**

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2. Principal Place of Business <b>3M Center</b> Suite, Apt. #, etc. <b>Tax Bldg 224-5N-40</b> City & State <b>ST Paul MN</b> Zip <b>55144</b>		3. Mailing Address <b>3M Center</b> Suite, Apt. #, etc. <b>Tax Bldg 224-5N-40</b> City & State <b>ST. Paul, MN</b> Zip <b>55144-1000</b>	
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4. FEI Number <b>76-0560081</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <b>CORPORATION SERVICE COMPANY</b>
Street Address (P.O. Box Number is Not Acceptable) <b>1201 NAYS STREET</b>
City <b>Tallahassee FL</b>
Zip <b>32301</b>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or our, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Biennial Amended UBR is \$81.25 Make Check Payable to Florida Department of State	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 <b>PRESIDENT</b> NAME <b>GREGORY, James</b> STREET ADDRESS <b>3M Center, Bldg 224-5N-40</b> CITY-ST-ZIP <b>ST. PAUL, MN 55144</b>
TITLE <b>VP</b> NAME <b>Johnson, Bryce</b> STREET ADDRESS <b>3M Center, Bldg 224-5N-40</b> CITY-ST-ZIP <b>ST. Paul, MN 55144</b>
TITLE <b>S</b> NAME <b>Scanlon, John</b> STREET ADDRESS <b>3M Center, Bldg 224-5N-40</b> CITY-ST-ZIP <b>ST. Paul, MN 55144</b>
TITLE <b>T</b> NAME <b>Borseth, Mark</b> STREET ADDRESS <b>3M Center, Bldg 224-5N-40</b> CITY-ST-ZIP <b>ST. Paul MN 55144</b>
TITLE <b>AT</b> NAME <b>Schmall, William</b> STREET ADDRESS <b>3M Center, Bldg 224-5N-40</b> CITY-ST-ZIP <b>ST. Paul, MN 55144</b>
TITLE <b>AT</b> NAME <b>TORSETH, Kimberly</b> STREET ADDRESS <b>3M Center, Bldg 224-5N-40</b> CITY-ST-ZIP <b>ST. Paul, MN 55144</b>

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p align="center"><b>DO NOT WRITE IN THIS SPACE</b></p> <p align="center"><b>500020777795</b></p> <p align="center">06/11/03--01048--013 **150.00</p>
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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)(X), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **William Schmall 4/14/03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E0348 (12/02)

*Attachment*  
**SOLVAY FLUOROPOLYMERS, INC**  
**OFFICER/DIRECTOR LISTING FOR**  
**2002/2003**  
**FEI# 76-0560081**

90100569  
F98000003901

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<u>NAME</u>	<u>TITLE</u>	<u>BUSINESS ADDRESS</u>
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OFFICERS

J. E. GREGORY	PRESIDENT	3M CENTER ST. PAUL, MN. 55144
B. V. JOHNSON	VICE PRESIDENT	3M CENTER ST PAUL, MN 55144
J. J. SCANLON	SECRETARY	3M CENTER ST PAUL, MN 55144
M. C. FARICY	ASSISTANT SECRETARY	3M CENTER ST PAUL, MN 55144
J. M. BORSETH	TREASURER	3M CENTER ST PAUL, MN 55144
W. J. SCHMOLL	ASSISTANT TREASURER	3M CENTER ST PAUL, MN 55144
K. M. TORSETH	ASSISTANT TREASURER	3M CENTER ST PAUL, MN 55144

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DIRECTORS

J. E. GREGORY	SAME AS ABOVE
B. V. JOHNSON	SAME AS ABOVE
J. J. SCANLON	SAME AS ABOVE