
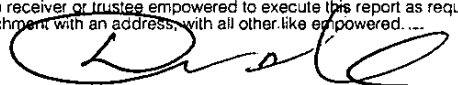


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90057 047 \*\*\*150.00

DOCUMENT # F99000000791					
1. Entity Name DEGUSSA ADMIXTURES, INC.					
Principal Place of Business 23700 CHAGRIN BLVD CLEVELAND, OH 44122-5554			Mailing Address 23700 CHAGRIN BLVD CLEVELAND, OH 44122-5554		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 34-1880920	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHYDLOWSKI, L M		NAME		
STREET ADDRESS	23700 CHAGRIN BLVD		STREET ADDRESS		
CITY-ST-ZIP	CLEVELAND, OH		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEHR, DONALD A		NAME		
STREET ADDRESS	23700 CHAGRIN BLVD		STREET ADDRESS		
CITY-ST-ZIP	CLEVELAND, OH 44122		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENDERGAST, JOHN R		NAME		
STREET ADDRESS	23700 CHAGRIN BLVD		STREET ADDRESS		
CITY-ST-ZIP	CLEVELAND, OH 44122		CITY-ST-ZIP		
TITLE	VPM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYER, J P		NAME		
STREET ADDRESS	23700 CHAGRIN BLVD		STREET ADDRESS		
CITY-ST-ZIP	CLEVELAND, OH 44122		CITY-ST-ZIP		
TITLE	VPS	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOEAC, CHARLES		NAME	Soeder, Charles	
STREET ADDRESS	23700 CHAGRIN BLVD		STREET ADDRESS		
CITY-ST-ZIP	CLEVELAND, OH 44122		CITY-ST-ZIP		
TITLE	VPRD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRE, WILLIAM		NAME		
STREET ADDRESS	23700 CHAGRIN BLVD		STREET ADDRESS		
CITY-ST-ZIP	CLEVELAND, OH 44122		CITY-ST-ZIP		
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: 			Date _____ Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

50009554



01202005 Chg-P CR2E034 (10/03)

4. FEI Number 34-1880920 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

FL Zip Code

\$5.00 May Be Added to Fees

Soeder, Charles