

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90256 028 \*\*\*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

50018973

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



01092006 Chg-P CR2E034 (11/05)

4. FEI Number  
 34-1880920 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 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHYDLOWSKI, L M 23700 CHAGRIN BLVD CLEVELAND, OH <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KEHR, DONALD A 23700 CHAGRIN BLVD CLEVELAND, OH 44122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PENDERGAST, JOHN R 23700 CHAGRIN BLVD CLEVELAND, OH 44122 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Secretary Timothy G. Leslie 23700 Chagrin Blvd Cleveland OH 44122</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPM BOYER, J P 23700 CHAGRIN BLVD CLEVELAND, OH 44122 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>VP, Sales Alan Nedza 23700 Chagrin Blvd Cleveland, OH 44122</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SOEDER, CHARLES 23700 CHAGRIN BLVD CLEVELAND, OH 44122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPRD SECRE, WILLIAM 23700 CHAGRIN BLVD CLEVELAND, OH 44122 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Controller/Treasurer Vincent Weisnaski 23700 Chagrin Blvd Cleveland OH 44122</i>

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]* VP-CFO 4/4/06 (216) 637-7191  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #