2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 16, 2001 8:00 am Secretary of State **BOCÜMENT # F9900005243 CROMPTON CORPORATION** 04-16-2001 90483 048 ***150.00 Principal Place of Business Mailing Address ONE AMERICAN LANE ONE AMERICAN LANE UUU3/4U3 GREENWICH CT 06831 GREENWICH CT 06831 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 52-2183153 Not Applicable Country Zip_ \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Delete TITLE SECRETARY TITLE BARRY SHAINMAN CALARCO, VINCENT NAME NAME 27 FOREST GLEN DR STREET ADDRESS ONE -AMERICAN LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WOODBRIDGE CT 06525 GREENWICH, CT 06831 SRVP ☐ Change ☐ Addition TITI F TITLE ☐ Delete BARNA, PETER NAME NAME STREET ADDRESS 25 LAUREL LAKE EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON CT 06883 ☐ Change ☐ Addition TITLE ☐ Delete TITLE DICK, BRIAN J NAME NAME STREET ADDRESS ONE AMERICAN LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GREENWICH CT 06831** ☐ Addition ☐ Change TITLE □ Defete TITLE EISENBERG, JOSEPH B NAME NAME STREET ADDRESS STREET ADDRESS BENSON ROAD CITY-ST-7IP CITY-ST-ZIP MIDDLEBURY CT 06749 **VPT** ☐ Change TITLE ☐ Delete TITLE Addition Jepsen, John R NAME NAME STREET ADDRESS STREET ADDRESS 11 TOBACCO RD CITY-ST-ZIP CITY-ST-7IP WESTON CT 06883 SRVP TITLE ☐ Delete TITLE Change Addition FERGUSON, JOHN T II NAME NAME STREET ADDRESS STREET ADDRESS 338 REDDING RD CITY-ST-ZIP CITY-ST-ZIP FAIRFIELD CT 06430 13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.