2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J62641

FILED Apr 22, 2009 Secretary of State

Entity Name: CLARIANT LIFE SCIENCE MOLECULES (FLORIDA) INC.

Current P	rincipal Place of Business:	New Principal Place of Business:
4044 NE 5 GAINESVI	64TH AVE ILLE, FL 32609 US	
Current M	lailing Address:	New Mailing Address:
ATTN: AC	FICE BOX 18628 COUNTS PAYABLE ITE, NC 28205 US	4000 MONROE ROAD CHARLOTTE, NC 28205 US
FEI Number	: 59-2806216 FEI Number Applied	For () FEI Number Not Applicable () Certificate of Status Desired ()
Name and	Address of Current Registered	Agent: Name and Address of New Registered Agent:
1201 HAY	ATION SERVICE COMPANY S STREET SSEE, FL 32301 US	
	e named entity submits this statemen e of Florida.	nt for the purpose of changing its registered office or registered agent, or both,
SIGNATUI	RE:	
SIGNATUI	RE:Electronic Signature of Regis	stered Agent Date
		-
Election Car	Electronic Signature of Regis	-
Election Car	Electronic Signature of Regis	on ().
Election Car OFFICER: Title: Name: Address:	Electronic Signature of Regis mpaign Financing Trust Fund Contribution S AND DIRECTORS: T () Delete FROMM, ERIC 4000 MONROE ROAD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Change () Addition Name: Address:
Election Car OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address:	Electronic Signature of Regis mpaign Financing Trust Fund Contribution S AND DIRECTORS: T () Delete FROMM, ERIC 4000 MONROE ROAD CHARLOTTE, NC 28205 SZ P () Delete GOLDER, KEN 4000 MONROE RD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify 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: ERIC FROMM TREA 04/22/2009