2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 02, 2007 8:00 am Secretary of State

DOCUMENT # M0300003680 1. Entity Name GENERAL CHEMICAL LLC					04-02-2007 90440 045 ****50.00				
Principal Place of Business Mailing Address					1				
90 EAST HALSEY RD. 90 EAST HALSEY RD.									
Parsippany,	, NJ 07054	PARSIPPANY, NJ 07054							
						11121 (III) 11 111 11 111 11 111	I 11 11		TI I 11 11 11
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03232007	Chg-LLC	CR2E083	3 (12/06)	
City & State		City & State		4. FEI Numbe 74-3104		·	- '	plied For t Applicable	
Zip	Zip Country Zip		Country		5. Certificate of	of Status Desired		5.00 Add	
	6. Name and Address of Current R	tegistered Agent			7. Name and	Address of New R			
	····		Na	me					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Str	Street Address (P.O. Box Number is Not Acceptable)					
FEARITATI	O14, 1 E 33324								
			Cit	у	FL Zip Code				
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered off	ice or register	red agent, or both	n, in the State of Flo	orida. I am fan	niliar with,	and accept
SIGNATURE .		· · · · · · · · · · · · · · · · · · ·					DATE		
	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE	: Hegistered Agent	signature required	d when reinstating)		5.112		
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11. I nereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. Find that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3 26 07 973-515-0900 Date Prove #