



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # M03000003681 1. Entity Name GENERAL CHEMICAL PERFORMANCE PRODUCTS LLC	
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Principal Place of Business 90 EAST HALSEY RD. PARSIPPANY, NJ 07054	Mailing Address 90 EAST HALSEY RD. PARSIPPANY, NJ 07054
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DO NOT WRITE IN THIS SPACE



04092008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 74-3104940	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

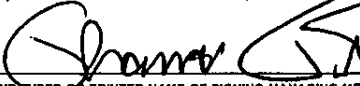
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REDMOND, WILLIAM E JR 90 E HALSEY RD PARSIPPANY, NJ 07054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TESTA, THOMAS B 90 E HALSEY RD PARSIPPANY, NJ 07054
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04/24/08-80085-004 138.75

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IN THIS SPACE**

11. 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 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, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____