


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # M04000002383 1. Entity Name DUPONT FILAMENTS-AMERICAS, LLC	
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Principal Place of Business C/O WASHINGTON WORKS 8480 DUPONT ROAD WASHINGTON, WV 26181	Mailing Address 1007 MARKET ST D 13039 WILMINGTON, DE 19898
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DO NOT WRITE IN THIS SPACE



04172008No Chg-LLC CR2E083 (12/07)

4. FEI Number 10-1166691	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

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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)

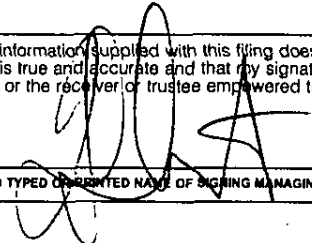
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

05/22/08-80017-007 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEUNG, DANIEL W 26/F TWR 6,GATEWAY,9 CANTON RD,TSMISHATSUI KOWLOON, HONG KONG,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, KEITH J 1007 MARKET ST., D13039 WILMINGTON, DE 19898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZHONG, YIN XIN YUQI TOWN(WEST), XISHAN COUNTY,WUXI CITY JIANGSU PROVINCE,214183,PRC,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  Date: 4/23/08 Daytime Phone #: (302) 992-4221

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