

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002383

FILED
Apr 02, 2009
Secretary of State

Entity Name: DUPONT FILAMENTS-AMERICAS, LLC

Current Principal Place of Business:

C/O WASHINGTON WORKS
8480 DUPONT ROAD
WASHINGTON, WV 26181

New Principal Place of Business:

Current Mailing Address:

1007 MARKET ST
D 13039
WILMINGTON, DE 19898

New Mailing Address:

FEI Number: 10-1166691 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEUNG, DANIEL W
Address: 26/F TWR 6,GATEWAY,9 CANTON RD,TSIMSHATSUI
City-St-Zip: KOWLOON, HONG KONG,

Title: MGR () Delete
Name: SMITH, KEITH J
Address: 1007 MARKET ST., D13039
City-St-Zip: WILMINGTON, DE 19898

Title: MGR () Delete
Name: ZHONG, YIN XIN
Address: YUQI TOWN(WEST), XISHAN COUNTY,WUXI CITY
City-St-Zip: JIANGSU PROVINCE,214183,PRC,

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 is true and accurate and that my electronic 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: MARK H. CHRISTMAN

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04/02/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date