

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002383

FILED  
Jan 05, 2012  
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: DIR  
Name: SHAW, FRANCINE C  
Address: 4417 LANCASTER PIKE  
City-St-Zip: WILMINGTON, DE 19898

Title: DIR  
Name: LEUNG, DANIEL W  
Address: 1007 MARKET ST., D13039  
City-St-Zip: WILMINGTON, DE 19898

Title: MGR  
Name: ZHONG, YIN XIN  
Address: 1007 MARKET ST  
City-St-Zip: WILMINGTON, DE 19898

Title: SEC  
Name: CHRISTMAN, MARK H  
Address: 1007 MARKET ST  
City-St-Zip: WILMINGTON, DE 19898

Title: P  
Name: THOMAS, VICHICH G  
Address: 1007 MARKET STREET  
City-St-Zip: WILMINGTON, DE 19898

Title: AS  
Name: LAUREN, SHADE  
Address: 1007 MARKET STREET  
City-St-Zip: WILMINGTON, DE 19898

I hereby 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: LAUREN SHADE      AS      01/05/2012

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