


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90147 007 ****50.00

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DOCUMENT # M06000003833					
1. Entity Name CEREXAGRI-NISSO LLC					
Principal Place of Business 630 FREEDOM BUSINESS CENTER STE 402 KING OF PRUSSIA, PA 19406			Mailing Address 630 FREEDOM BUSINESS CENTER STE 402 KING OF PRUSSIA, PA 19406		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address c/o Arkema Inc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Philadelphia, PA		01162007 Chg-LLC CR2E083 (12/06)	
Zip	Country	Zip 19103	Country USA	4. FEI Number 20-3630153	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Delete GIRIN, FRANCOIS 630 FREEDOM BUSINESS CENTER STE 402 KING OF PRUSSIA, PA 19406		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Delete PALAC, MADELINE 630 FREEDOM BUSINESS CENTER STE 402 KING OF PRUSSIA, PA 19406		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Delete GALLAGHER, CHARLES B 630 FREEDOM BUSINESS CENTER STE 402 KING OF PRUSSIA, PA 19406		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Delete KASPER, JOHN 45 BROADWAY STE 2120 NEW YORK, NY 10006		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 45 Broadway, Suite 2120	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Delete MURAKAMI, KO 45 BROADWAY STE 2120 NEW YORK, NY 10006		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Shin-Ohtemachi Bldg., 2-1 2-Chome Ohtemachi Chiyoda-Ku Tokyo 100-8165 JAPAN	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Delete SAKUMA, TSUTOMU 45 BROADWAY STE 2120 NEW YORK, NY 10006		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 45 Broadway, Suite 2120	
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: <i>Madeline Palac</i>			Madeline Palac 1/19/07 610.491.2822		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		