2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# M08000003342

Entity Name: EVONIK CYRO LLC

Current Principal Place of Business:

379 INTERPACE PKWY
PARSIPPANY, NJ 07054

New Principal Place of Business:

Current Mailing Address:

379 INTERPACE PKWY
PARSIPPANY, NJ 07054

New Mailing Address:

FEI Number: 32-0252469 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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: D ( ) Delete
Name: BATES, THOMAS
Address: 379 INTERPACE PKWY
City-St-Zip: PARSIPPANY, NJ 07054

Title: D ( ) Delete
Name: HETZKE, GREGOR
Address: 379 INTERPACE PKWY
City-St-Zip: PARSIPPANY, NJ 07054

Title: PD ( ) Delete
Name: ROLANDO, JOHN
Address: 379 INTERPACE PKWY
City-St-Zip: PARSIPPANY, NJ 07054

Title: S ( ) Delete
Name: SEVERINSEN, MEGAN
Address: 379 INTERPACE PKWY
City-St-Zip: PARSIPPANY, NJ 07054

Title: AS ( ) Delete
Name: MULLIGAN, GREGORY J
Address: 379 INTERPACE PKWY
City-St-Zip: PARSIPPANY, NJ 07054

Title: VP ( ) Delete
Name: WURST, BOB
Address: 379 INTERPACE PKWY
City-St-Zip: PARSIPPANY, NJ 07054

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BATES, THOMAS
Address: 379 INTERPACE PKWY
City-St-Zip: PARSIPPANY, NJ 07054

Title: MGR (X) Change ( ) Addition
Name: HETZKE, GREGOR
Address: 379 INTERPACE PKWY
City-St-Zip: PARSIPPANY, NJ 07054

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

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: ROBERT WURST VP 05/01/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date