

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000001607

FILED
Jul 13, 2010
Secretary of State

Entity Name: ASCEND PERFORMANCE MATERIALS LLC

Current Principal Place of Business:

575 MARYVILLE CENTRE DRIVE
ST. LOUIS, MO 63141

New Principal Place of Business:

600 TRAVIS STREET
SUITE 300
HOUSTON, TX 77002

Current Mailing Address:

575 MARYVILLE CENTRE DRIVE
ST. LOUIS, MO 63141

New Mailing Address:

600 TRAVIS STREET
SUITE 300
HOUSTON, TX 77002

FEI Number: 26-4345777

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: C
Name: SIADAT, BARRY
Address: 400 PARK AVENUE, SUITE 810
City-St-Zip: NEW YORK, NY 10022

Title: CEO
Name: POSES, FREDERIC M
Address: 400 PARK AVENUE, SUITE 810
City-St-Zip: NEW YORK, NY 10022

Title: P
Name: STREHL, J. TIMOTHY
Address: 600 TRAVIS STREET, SUITE 300
City-St-Zip: HOUSTON, TX 77002

Title: VP
Name: KEYNEJAD, JAMSHID
Address: 1515 NORTH FEDERAL HIGHWAY, SUITE 405
City-St-Zip: BOCA RATON, FL 33432

Title: AT
Name: FREDERICK, CHERI L
Address: 3000 OLD CHEMSTRAND RD.
City-St-Zip: CANTONMENT, FL 32533

Title: S
Name: NORRIS, JACK
Address: 400 PARK AVENUE, SUITE 810
City-St-Zip: NEW YORK, NY 10022

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: CHERI L. FREDERICK

AT

07/13/2010

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