

m96000000362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

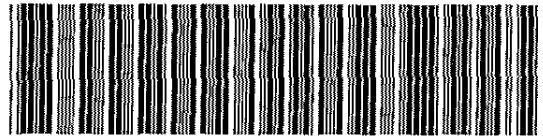
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07/01/05--01034--001 **25.00

07/01/05--01034--002 **30.00

RECEIVED
05 JUL -1 AM 11:25
FILED
05 JUL -1 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORPORATION

July 1, 2005

Department of State, Florida
409 East Gaines Street
Tallahassee FL 32399

FILED
05 JUL - 1 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 6249882 WO
Customer Reference 1: DuPont Dow
Customer Reference 2: DuPont Dow Elastomers L.L.

Dear Department of State, Florida:

Please obtain the following:

DuPont Performance Elastomers L.L.C. (DE)
Evidence of Amendment
Florida

DuPont Performance Elastomers L.L.C. (DE)
Obtain Document - Misc - Obtain certified copy of amendment
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan
Manager Fulfill Ctr
Connie_Bryan@cch-lis.com

1203 Governors Square Boulevard
Tallahassee, FL 32301-2960
Tel. 850 222 1092
Fax 850 222 7615

A WoltersKluwer Company

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

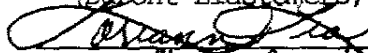
SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: DUPONT DOW ELASTOMERS L.L.C.
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 09/20/1996

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 06/30/2005
5. New name of the limited liability company: DuPont Performance Elastomers L.L.C.
6. If the amendment changes the period of duration, indicate new period of duration: _____
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: _____
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

DuPont Elastomers, Inc., member



Signature of a member or the authorized representative of a member

Loriann Lea, Secretary

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

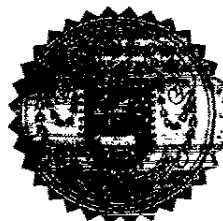
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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "DUPONT DOW ELASTOMERS L.L.C.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "DUPONT PERFORMANCE ELASTOMERS L.L.C.", THE TWENTY-NINTH DAY OF JUNE, A.D. 2005, AT 2:45 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE THIRTIETH DAY OF JUNE, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



2564121 . 8320

050546434

Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 3991483

DATE: 06-30-05