

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M96000000362

FILED  
Apr 08, 2003  
Secretary of State

Entity Name: DUPONT DOW ELASTOMERS L.L.C.

## Current Principal Place of Business:

300 BELLEVUE PARKWAY  
WILMINGTON, DE 19809

## New Principal Place of Business:

## Current Mailing Address:

300 BELLEVUE PARKWAY  
WILMINGTON, DE 19809

## New Mailing Address:

FEI Number: 51-0371420

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/MEMBERS:

Title: MGR ( ) Delete  
Name: KRAPELS, THEO G  
Address: 300 BELLEVUE PARKWAY  
City-St-Zip: WILMINGTON, DE 19809

Title: MGR ( ) Delete  
Name: TOMSON, WILLIAM  
Address: 300 BELLEVUE PARKWAY  
City-St-Zip: WILMINGTON, DE 19809

Title: MGR ( ) Delete  
Name: SHAW, JULIA  
Address: 300 BELLEVUE PARKWAY  
City-St-Zip: WILMINGTON, DE 19809

## ADDITIONS/CHANGES:

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 for the exemption stated in Section 119.07(3)(i), 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: JULIA SHAW

MGR

04/08/2003

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