2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09465

Entity Name: U.S. BORAX INC.

FILED Apr 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8051 E MAPLEWOOD AVE. GREENWOOD VILLAGE, CO 80111 US **Current Mailing Address: New Mailing Address:** PO BOX 6690 ENGLEWOOD, CO 801556690 US FEI Number: 98-0047580 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: D/P () Delete Title: () Change () Addition GOLDBERG, G J Name: Name: 8051 E MAPLEWOOD AVE. Address: Address: City-St-Zip: GREENWOOD VILLAGE, CO 80111 US City-St-Zip: DΛ Title: Title: () Delete () Change () Addition Name: ROBISON, C J Name: 8051 E MAPLEWOOD AVE. Address: Address: GREENWOOD VILLAGE, CO 80111 US City-St-Zip: City-St-Zip:) Delete Title: Title: (X) Change () Addition WELCH, J R WELCH, J R Name: Name: 8309 WEST 3595 SOUTH 4700 DAYBREAK PARKWAY Address: Address: MAGNA, UT 84044 US City-St-Zip: SOUTH JORDAN, UT 84095 US City-St-Zip: Title: () Delete Title: () Change () Addition CROMTPON, S S Name: Name: Address: 1343 S 1800 E Address: City-St-Zip: SALT LAKE CITY, UT 84108 US City-St-Zip: Title: DΛ Title: () Delete () Change () Addition CUTLER, K R Name: Name: 8051 E MAPLEWOOD AVE. Address: Address: City-St-Zip: GREENWOOD VILLAGE, CO 80111 US City-St-Zip: Title: () Delete Title: () Change () Addition GATTEGNO, C J Name: Name: 8051 E MAPLEWOOD AVE. Address: Address: City-St-Zip: City-St-Zip: GREENWOOD VILLAGE, CO 80111 US

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE A. CUMMINGS O 04/07/2009