

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P37393

FILED
Apr 23, 2009
Secretary of State

Entity Name: WACKER CHEMICAL CORPORATION

Current Principal Place of Business:

3301 SUTTON ROAD
ADRIAN, MI 492219397

New Principal Place of Business:

3301 SUTTON ROAD
ADRIAN, MI 49221

Current Mailing Address:

3301 SUTTON ROAD
ADRIAN, MI 492219397

New Mailing Address:

3301 SUTTON ROAD
ADRIAN, MI 49221

FEI Number: 94-2272388

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: COB () Delete
Name: VON PLOTHO, CHRISTOPH DR.
Address: 3301 SUTTON ROAD
City-St-Zip: ADRIAN, MI 49221 US

Title: PRES () Delete
Name: KOVAR, INGO
Address: 3301 SUTTON ROAD
City-St-Zip: ADRIAN, MI 49221

Title: VP () Delete
Name: DEGNAN, THOMAS
Address: 3301 SUTTON ROAD
City-St-Zip: ADRIAN, MI 49221

Title: CFO () Delete
Name: FITZPATRICK, CRAIG
Address: 3301 SUTTON ROAD
City-St-Zip: ADRIAN, MI 49221

Title: SEC () Delete
Name: BRILEY, MICHAEL
Address: 3301 SUTTON ROAD
City-St-Zip: ADRIAN, MI 49221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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 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: CRAIG FITZPATRICK

CFO

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date