

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M0900002252

**FILED**  
**Feb 03, 2014**  
**Secretary of State**  
**CC0411780830**

**Entity Name:** HERAEUS PRECIOUS METALS NORTH AMERICA  
CONSHOCKEN LLC

**Current Principal Place of Business:**

ONE SUMMIT SQUARE  
SUITE 403  
LANGHORNE, PA 19047

**Current Mailing Address:**

ONE SUMMIT SQUARE  
SUITE 403  
LANGHORNE, PA 19047 US

**FEI Number: 26-3872714**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**Authorized Person(s) Detail :**

Title MGRM  
Name HERAEUS INC.  
Address ONE SUMMIT SQUARE  
SUITE 403  
City-State-Zip: LANGHORNE PA 19047

Title MGR  
Name KUPKA, UVE  
Address ONE SUMMIT SQUARE  
SUITE 403  
City-State-Zip: LANGHORNE PA 19047

Title MGR  
Name HOUSMAN, ROBERT  
Address ONE SUMMIT SQUARE  
SUITE 403  
City-State-Zip: LANGHORNE PA 19047

Title MGR  
Name DREWES, DR. ROLF  
Address ONE SUMMIT SQUARE  
SUITE 403  
City-State-Zip: LANGHORNE PA 19047

Title MGR  
Name LONDON, ANDY  
Address ONE SUMMIT SQUARE  
SUITE 403  
City-State-Zip: LANGHORNE PA 19047

Title MGR  
Name DEUTSCH, HANS  
Address ONE SUMMIT SQUARE  
SUITE 403  
City-State-Zip: LANGHORNE PA 19047

Title MGR  
Name MALANGA, DAVID  
Address ONE SUMMIT SQUARE  
SUITE 403  
City-State-Zip: LANGHORNE PA 19047

Title MGR  
Name ZHANG, WEIMING  
Address ONE SUMMIT SQUARE  
SUITE 403  
City-State-Zip: LANGHORNE PA 19047

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*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: YURI ROZENFELD**

**VP**

**02/03/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title MGR  
Name EILING, ALOYS DR.  
Address ONE SUMMIT SQUARE  
SUITE 403  
City-State-Zip: LANGHORNE PA 19047