2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000002252

Entity Name: HERAEUS PRECIOUS METALS NORTH AMERICA

CONSHOHOCKEN LLC

Current Principal Place of Business:

24 UNION HILL ROAD

W. CONSHOHOCKEN, PA 19428

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

VP/FINANCE

Authorized Person(s) Detail:

Title PRESIDENT/GENERAL MANAGER Title

Name HOUSMAN, ROBERT Name WESZTERGOM, ANDREW Address 24 UNION HILL ROAD Address 24 UNION HILL ROAD

W. CONSHOHOCKEN PA 19428 City-State-Zip: W. CONSHOHOCKEN PA 19428 City-State-Zip:

Title VP/TECHNOLOGY Title VP/THICK FILM Name ZHANG, WEIMING Name MALANGA, DAVID Address 24 UNION HILL ROAD Address 24 UNION HILL ROAD

City-State-Zip: W. CONSHOHOCKEN PA 19428 City-State-Zip: W. CONSHOHOCKEN PA 19428

Title Title VP/SECRETARY MGR

Name DEUTSCH, HANS ROZENFELD, YURI Name

Address ONE SUMMIT SQUARE Address ONE SUMMIT SQUARE SUITE 403

SUITE 403

City-State-Zip: LANGHORNE PA 19047 City-State-Zip: LANGHORNE PA 19047

Title MGR

Name EILING, DR. ALOYS Address

ONE SUMMIT SQUARE

SUITE 403

City-State-Zip: LANGHORNE PA 19047

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.

02/17/2015 SIGNATURE: YURI ROZENFELD VP/SECRETARY

FILED Feb 17, 2015

Secretary of State

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