

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000003203

Entity Name: UMICORE PRECIOUS METALS NJ, LLC**Current Principal Place of Business:**3950 S CLINTON AVE
SOUTH PLAINFIELD, NJ 07080**Current Mailing Address:**3600 GLENWOOD AVE.
ATTN: LEGAL DEPARTMENT SUITE 250
RALEIGH, NC 27612 US**FEI Number:** 68-0558054**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
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 PRESIDENT
Name MARCZINKOWSKI, STEPHAN
Address 3950 S CLINTON AVE
City-State-Zip: SOUTH PLAINFIELD NJ 07080

Title SECRETARY
Name GASKINS, K. CURRY
Address 3600 GLENWOOD AVE.
 ATTN: LEGAL DEPARTMENT SUITE
 250
City-State-Zip: RALEIGH NC 27612

Title ASSISTANT TREASURER
Name CEBULAK, MIKE
Address 3950 S CLINTON AVE
City-State-Zip: SOUTH PLAINFIELD NJ 07080

Title TREASURER
Name BERK, DAVID
Address 3600 GLENWOOD AVE.
 ATTN: LEGAL DEPARTMENT SUITE
 250
City-State-Zip: RALEIGH NC 27612

Title VP
Name CAFFAREY, MARK
Address 3600 GLENWOOD AVE.
 ATTN: LEGAL DEPARTMENT SUITE
 250
City-State-Zip: RALEIGH NC 27612

Title SOLE MANAGER
Name FUCHS, BERNHARD
Address RODENBACHER CHAUSSEE 4
 P.O. BOX 1351
City-State-Zip: HANAU-WOLFGANG, HESSEN,
 GERMANY 63457 OC

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: K. CURRY GASKINS**SECRETARY****03/06/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date