

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005243

Entity Name: LANXESS SOLUTIONS US INC.**Current Principal Place of Business:**2 ARMSTRONG ROAD
SHELTON, CT 06484**Current Mailing Address:**2 ARMSTRONG ROAD
SHELTON, CT 06484 US**FEI Number:** 52-2183153**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR
Name PAPADOURAKIS, DR. ANTONIS
Address 111 RIDC PARK WEST DRIVE
City-State-Zip: PITTSBURGH PA 15275

Title CFO, DIRECTOR
Name SCHOTT, FREDERIC
Address 111 RIDC PARK WEST DRIVE
City-State-Zip: PITTSBURGH PA 15275

Title SECRETARY
Name SJOBERG, LEE H.
Address 111 RIDC PARK WEST DRIVE
City-State-Zip: PITTSBURGH PA 15275

Title ASST. SECRETARY
Name FULLERTON, ARTHUR
Address 2 ARMSTRONG ROAD
City-State-Zip: SHELTON CT 06484

Title DIRECTOR
Name PONTZEN, MICHAEL
Address LANXESS AG, LANXESS TOWER,
KENNEDYPLATZ 1
City-State-Zip: COLOGNE 50569

Title DIRECTOR
Name BORKOWSKY, DR. ANNO
Address KENNEDYPLATZ 1
City-State-Zip: COLOGNE, 50569

Title ASST. SECRETARY
Name VANHOORELBEKE, JACK
Address 111 RIDC PARK WEST DRIVE
City-State-Zip: PITTSBURGH PA 15275

Title ASST. SECRETARY
Name BEHLMAN, JO ANN
Address 2 ARMSTRONG ROAD
City-State-Zip: SHELTON CT 06484

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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 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 all other like empowered.

SIGNATURE: FREDERIC SCHOTT**CFO****02/01/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title TREASURER
Name BISSONNETTE, NANCY
Address 111 RIDC PARK WEST DRIVE
City-State-Zip: PITTSBURGH PA 15275

Title ASST. SECRETARY
Name KOHNCKE, NICANOR
Address 2 ARMSTRONG RD
City-State-Zip: SHELTON CT 06484