



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Corporation
Fictitious Business Name Statement**

(Section 7-1.2-402 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The legal name of the applicant business corporation is: UMICORE USA Inc.

SECTION II

The fictitious business name to be used is: Umicore Thin Film Products

SECTION III

The state or territory under the laws of which it is incorporated is
State: DE Country: USA

SECTION IV

The date of incorporation is 05/16/2002

SECTION V

The address of its registered office within Rhode Island is:

No. and Street: 155 SOUTH MAIN STREET, SUITE 301
City or Town: PROVIDENCE
Name: CT CORPORATION SYSTEM

State: RI Zip: 02903

SECTION VI

The business in which it is engaged
MINERAL RESOURCE COMPANY

SECTION VII

Applicant is otherwise authorized to do business in the state of Rhode Island.

Signed this 29 Day of January, 2010 at 2:59:58 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

UMICORE USA Inc.
Name of Applicant Corporation

RICHARD C. LAIRD
Signature of Authorized Officer

Form No. 624
Revised 09/07

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State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

Secretary of State

