



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 47398		2. Name of Corporation FUCHS LUBRICANTS CO.			
3. Street Address Principal Business Office 17050 LATHROP AVENUE			City HARVEY	State IL	Zip 60426
4. Business Phone No. 708-333-8900		5. State of Incorporation DELAWARE			
6. Brief Description of the Character of Business Conducted in Rhode Island LUBRICANTS SALES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name STEVEN P. PUFFPAFF			Vice President Name SHEILA K. McCORMACK		
Street Address 17050 LATHROP AVENUE			Street Address 17050 LATHROP AVENUE		
City HARVEY	State IL	Zip 60426	City HARVEY	State IL	Zip 60426
Secretary Name CHRISTIAN D. BIGELOW			Treasurer Name NONE		
Street Address 17050 LATHROP AVENUE			Street Address NONE		
City HARVEY	State IL	Zip 60426	City NONE	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name STEFAN FUCHS			Director Name NONE		
Street Address FRIESNHEIMER STR. 17 D-68169			Street Address NONE		
City MANHEIM	State GERMANY	Zip	City NONE	State	Zip
Director Name NONE			Director Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State	Zip	City NONE	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES --- THIS SECTION MUST BE COMPLETED		
			Number of Shares 1,000	Class/Series COMMON	Par Value \$1.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date JAN 30 2012

Check No. By [Signature]

By: 1035186

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 1-25-12
Signature Date

SHEILA McMORMACK
Print or Type Name

V.P. CONTROLLING
Title