



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State.

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 134852		2. Name of Corporation Degussa Corporation			
3. Street Address Principal Business Office 379 Interpace Parkway			City Parsippany	State NJ	Zip 07054
4. Business Phone No. 973-541-8584		5. State of Incorporation ALABAMA			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island SPECIALTY CHEMICALS MANUFACTURING					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John C. Salvatore			Vice President Name Peter A. Vinocur		
Street Address 23700 Chagrin Blvd.			Street Address 23700 Chagrin Blvd.		
City Beachwood	State OH	Zip 44122	City Beachwood	State OH	Zip 44122
Secretary Name Peter A. Vinocur			Treasurer Name Assistant Secretary James S. Olsen		
Street Address 23700 Chagrin Blvd.			Street Address 379 Interpace Pkwy.		
City Beachwood	State OH	Zip 44122	City Parsippany	State NJ	Zip 07054
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name John C. Salvatore			Director Name Hans-Joachim Kollmeier		
Street Address 23700 Chagrin Blvd.			Street Address Goldschmidtstrasse 100		
City Beachwood	State OH	Zip 44122	City Essen	State Germany	Zip 45127
Director Name Alfred Oberholz			Director Name Carl Voigt		
Street Address Bennigsenplatz 1			Street Address Weißfrauenstraße 9		
City Dusseldorf	State Germany	Zip 40474	City Frankfurt	State Germany	Zip D-60311
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐ ISSUED SHARES		
Number of Shares		Class/Series	Par Value		
10,000,000 COMM \$1.00 PAR VALUE					

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



134852

File Date	2-10-05
Check No.	82821
By:	JB
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 of Officer: James S. Olsen Date: 1/28/2005
Print or Type Name of Officer: JAMES S. OLSEN
Title of Officer: ASSISTANT SECRETARY



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President Name John C. Salvatore		Vice President Name Peter A. Vinocur		
Street Address 23700 Chagrin Blvd.		Street Address 23700 Chagrin Blvd.		
City Cleveland	State OH	Zip 44122	City Cleveland	State OH
Secretary Name Peter A. Vinocur		Treasurer Name Assistant Secretary James S. Olsen		
Street Address 23700 Chagrin Blvd.		Street Address 379 Interpace Parkway		
City Cleveland	State OH	Zip 44122	City Parsippany	State NJ
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City Cleveland	State OH	Zip 44122	City Essen	State Germany
Director Name Alfred Oberholz		Director Name Thomas Schoeneberg		
Street Address Bennigsenplatz 1		Street Address Bennigsenplatz 1		
City Dusseldorf	State Germany	Zip 40474	City Dusseldorf	State Germany
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10,000,000 COMM \$1.00 PAR VALUE			30,400	COMM
				\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 3 4 8 5 2 *

File Date 2/20/04
Check No. 43813
By: SC

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.

James S. Olsen
Signature of Officer
JAMES S. OLSEN

Date

Print or Type Name of Officer

ASSISTANT SECRETARY
Title of Officer