



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 106152		2. Name of Corporation ST Laboratories, Inc.			
3. Street Address Principal Business Office 400 STATION STREET, P.O. BOX 3615			City CRANSTON	State RI	Zip 02910
4. Business Phone No. 401-785-9300		5. State of Incorporation DELAWARE			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO MANUFACTURE AND DISTRIBUTION OF CHEMICAL AND CHEMICALRELATED PRODUCTS.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas Anthony Thompson			Vice President Name Kyle F. Hess		
Street Address 25 Granite Drive			Street Address 400 Station Street		
City East Greenwich	State RI	Zip 02818	City Cranston	State RI	Zip 02910
Secretary Name Peter Y. Hess			Treasurer Name Peter Y. Hess		
Street Address 51 East Orchard Avenue			Street Address 51 East Orchard Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Peter Y. Hess			Director Name Thomas Anthony Thompson		
Street Address 51 East Orchard Avenue			Street Address 25 Granite Drive		
City Providence	State RI	Zip 02906	City East Greenwich	State RI	Zip 02818
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$1.00 PAR VALUE			100.00	Common Stock	\$1.00

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



1 0 6 1 5 2

106152 FBC 03/15/05 03:39:01 PM

File Date 5-31-05

Check No. 1124

By: PL

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.

Peter Y. Hess 4/8/05
Signature of Officer Date
Peter Y. Hess
Print or Type Name of Officer
Secretary
Title of Officer



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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections 1-11: Corporate ID No (106152), Name of Corporation (ST Laboratories, Inc.), Street Address (400 Station St. PO Box 3615), State (RI), Zip (02910), State of Incorporation (DELAWARE), Brief Description (TO MANUFACTURE AND DISTRIBUTION OF CHEMICAL AND CHEMICAL RELATED PRODUCTS), Names and Addresses of Officers (President: Thomas Anthony Thompson, Vice President: Kyle F. Hess), Names and Addresses of Directors (Peter Y. Hess, Thomas Anthony Thompson), Shares Authorized (1,000 COMM \$1.00 PAR VALUE), Shares Issued (100.00 Common Stock \$1.00).

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



* 1 0 6 1 5 2 *

File Date: 3/25/04
Check No.: 1085
By: DA
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: T. Anthony Thompson
Date: 2/25/04
Print or Type Name of Officer: T. ANTHONY THOMPSON
Title of Officer: PRESIDENT



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **106152** 2. Name of Corporation **ST Laboratories, Inc.**
3. Street Address Principal Business Office **400 Station St. PO Box 3615** City **Cranston** State **RI** Zip **02910**
4. Business Phone No. **401-785-9300** 5. State of Incorporation **DELAWARE** 6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island
To manufacture & distribute chemicals and chemical related products

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Thomas Anthony Thompson	Vice President Name Kyle F. Hess
Street Address 25 Granite Dr.	Street Address 400 Stations Street
City East Greenwich State RI Zip 02818	City Cranston State RI Zip 02910
Secretary Name Peter Y. Hess	Treasurer Name Peter Y. Hess
Street Address 51 E. Orchard Ave.	Street Address 51 E. Orchard Ave.
City Providence State RI Zip 02900	City Providence State RI Zip 02900

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Peter Y. Hess	Director Name Thomas Anthony Thompson
Street Address 51 E. Orchard Ave.	Street Address 25 Granite Dr.
City Providence State RI Zip 02900	City East Greenwich State RI Zip 02818
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 COMM \$1.00 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100.00 Common Stock \$1.00

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



* 1 0 6 1 5 2 *

File Date: 3-10-03

Check No.: 1066

By: [Signature]

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] 3/6/03
Signature of Officer Date

T. ANTHONY THOMPSON
Print or Type Name of Officer

PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **106152** 2. Name of Corporation **ST Laboratories, Inc.**
3. Street Address Principal Business Office **400 Station St. PO Box 3615** City **Cranston** State **RI** Zip **02910**
4. Business Phone No. **401-785-9300** 5. State of Incorporation **DELAWARE** 6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island
To manufacture & distribute chemicals and chemical related products

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Thomas Anthony Thompson Street Address 25 Granite Dr. City East Greenwich State RI Zip 02818	Vice President Name Kyle F. Hess Street Address 400 Stations Street City Cranston State RI Zip 02910
Secretary Name Peter Y. Hess Street Address 51 E. Orchard Ave. City Providence State RI Zip 02900	Treasurer Name Peter Y. Hess Street Address 51 E. Orchard Ave. City Providence State RI Zip 02900

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Peter Y. Hess Street Address 51 E. Orchard Ave. City Providence State RI Zip 02900	Director Name THOMAS A. THOMPSON Street Address 25 GRANITE DR City E. Greenwich State R.I. Zip 02818
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	1,000	COMM	\$1.00

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100.00	Common Stock	\$1.00

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



* 1 0 6 1 5 2 *

FILED

File Date: MAR 13 2002

Check No.: 001058

By: [Signature]

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 [Signature] Date 2/28/02

Print or Type Name of Officer PETER Y. HESS

Title of Officer Secy



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **106152** 2. Name of Corporation **ST Laboratories, Inc.**

3. Street Address Principal Business Office **400 Station St. PO Box 3615** City **Cranston** State **RI** Zip **02910**

4. Business Phone No. **401-785-9300** 5. State of Incorporation **DELAWARE** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
To manufacture & distribute chemicals and chemical related products

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name
Thomas Anthony Thompson
Street Address
25 Granite Dr.
City State Zip
East Greenwich RI 02818

Vice President Name
Kyle F. Hess
Street Address
400 Stations Street
City State Zip
Cranston RI 02910

Secretary Name
Peter Y. Hess
Street Address
51 E. Orchard Ave.
City State Zip
Providence RI 02900

Treasurer Name
Peter Y. Hess
Street Address
51 E. Orchard Ave.
City State Zip
Providence RI 02900

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name
Peter Y. Hess
Street Address
51 E. Orchard Ave.
City State Zip
Providence RI 02900

Director Name

Street Address

City State Zip

Director Name

Street Address

City State Zip

Director Name

Street Address

City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 COMM \$1.00 PAR VAL

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100.00 Common Stock \$1.00

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



* 1 0 6 1 5 2 *

File Date: 3/9/2001

Check No.: 1013

By: PH

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.

Peter Hess 3/1/01
Signature of Officer Date

PETER HESS
Print or Type Name of Officer

Secretary
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <u>106152</u>		2. Name of Corporation ST Laboratories, Inc.			
3. Street Address Principal Business Office 400 Station St. PO Box 3615			City Cranston	State RI	Zip 02910
4. Business Phone No. 401-785-9300		5. State of Incorporation Delaware		6. SIC Code 2843	
7. Brief Description of the Character of Business Conducted in Rhode Island To manufacture & distribute chemicals and chemical related products					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Thompson, Thomas Anthony			Vice President Name Hess, Kyle F.		
Street Address 25 Granite Dr.			Street Address 400 Stations Street		
City East Greenwich	State RI	Zip 02818	City Cranston	State RI	Zip 02910
Secretary Name Hess, Peter Y.			Treasurer Name Hess, Peter.Y.		
Street Address 51 E. Orchard Ave.			Street Address 51 E. Orchard Ave.		
City Providence	State RI	Zip 02900	City Providence	State RI	Zip 02900
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Hess, Peter Y.			Director Name		
Street Address 51 E. Orchard Ave.			Street Address		
City Providence	State RI	Zip 02900	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000.00	Common Stock	\$1.00	100.00	Common Stock	\$1.00

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

FILED

File Date: APR 12 2000
By: CE0995
Check No.: _____
By: _____
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: [Signature] Date: 3/20/2000
Print or Type Name of Officer: PETER Y. HESS
Title of Officer: Secretary