Secretary of State. If the registered office and/or registered agent to whom the annual report was mailed have singled, Form 640, along with the apparentate filing fee, if any, must be fit this office. Form 640 may be obtained by contacting of the state of this office at 401-222-3040, or from our website at www.state.ri.us.

RETAIN FOR YOUR RECORDS

Lanxess Corporation c/o CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888ID# 141156 Lanxess Corporation

DETACH HERE

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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

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

(FORM HUST BE TYPED OR PRINTED IN BLACK)

(FORM MUST BE TYPED OR PRINTED IN BLACK)								
1. Corporate ID No	Corporate ID No 2. Name of Corporation							
141156	Lanxess Corporation							
3. Street Address Principal Business Of	Tice		an		State	Zip		
∟Ш ЯТОС <i>Т</i> А	RK West DA	ive	Pitts	h.och	PA	15275		
4. Business Phone No		5 Sinte of Incorporation	1	·28 FUL	l. —————	6 SIC Code		
4/2-777-2000 DELAWARE			3200					
7. BITH DECEMBER OF THE DEVELOPMENT, MANUFACTURE, IMPORTATION, DISTRIBUTION AND SALE OF CHEMICAL PRODUCTS								
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)								
President Name			Vice Praident Name					
NANDAILS DEARTH			Guy Kingwill					
Street Address			Street Address					
III 'RIDC PARK West DR			111 RIDC PARK West DR					
<sup>ан</sup> Р6Н	s <sub>rate</sub> PA	<i>15</i> २७७ <i>5</i>	°, 76	Н	State PA	15275		
MARCY L TENAGLIA			BRUCE R DAVIS					
Street Address	0	1 0 -	Sireri Address		Dd Cask			
	PARIS W	est DA		<u>ו גאי וו</u>	<u>DC PARK LU</u>	lest 120		
" PGH	****	<sup>2φ</sup> /√27ς	~ P6	H	SOM PA	15275		
9. NAMES AND ADDRESSES	OF THE DIRECTORS	E ("X" BOX FOR ATT	CHMENT)	<u></u>	ACES BEFORE USING	ATTACHMENTS		
Director Name		,	Director Name		•			
NR MARTIN_	WICHKEN	HOEVER	23	$AH_{i}L$	A MOLIV	AR .		
Drew Address 111 RTDC	SIEVER ADDRESS Rd							
City Ocal	State	ζφ	City		Siany	ZΨ		
Director Name	<i>PA</i>	15375	76 H	••••••	P/ <del>4</del>	15205		
Mathias Zachent			RAN dall S DEARTH					
Sireer Address	Onald las	d 00	Siren Address	U (77)	Od Oak	U + N -		
City O	Signs o	<u> </u>		<u> </u>	1	LAT JR		
PGH	$\rho_{A}$	15275	an PG	H	sian PA	15275		
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)					
AUTHORIZED SHARES			ISSUZO SHARES					
Mimber of Shares C	Dass/Series 1	Par Value	Number of Shares	1	Class'Series	Par Value		
1,000 COMM \$0.01 PAR VALU	JE —	<u> </u>	1,000		Common	\$1.01		
			•					
<del></del>								

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

	*141156*		Under penalty of perjury, I declare and affinincluding any accompanying schedules and	
File Date	22 05 0000 4930	9,5,4,	continued herein are true and correct.  LILLE A TOTAL STRUCT OF Officer  BRUCE R. DAVIS	2/18/05 Date
FOR SECRETA	ARY OF STATE USE ONLY	/ 	Print or Type Name of Officer TREASURER Title of Officer	Form 630 Rev. 12/03

FILE COPY