

1.) CORPORATION NAME:

Momentive Specialty Chemicals Inc.

DUE DATE: **4/30/2011**

SCC ID NO: **F0064248**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

NATIONAL REGISTERED AGENTS INC

4001 North Ninth Street, Suite 227

ARLINGTON, VA 22203

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	300,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NJ

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 180 E BROAD ST

CITY/ST/ZIP: COLUMBUS, OH 43215-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: CRAIG O MORRISON
TITLE: PRES/CEO
ADDRESS: 180 E BROAD ST
CITY/ST/ZIP/CO: COLUMBUS, OH 43215-

OFFICER

DIRECTOR

NAME: WILLIAM H CARTER
TITLE: EXEC VP/CFO
ADDRESS: 180 E BROAD STREET
CITY/ST/ZIP/CO: COLUMBUS, OH 43215-3799

OFFICER

DIRECTOR

NAME: ELLEN GERMAN BERNDT
TITLE: VP/SECRETARY
ADDRESS: 180 E BROAD ST.
CITY/ST/ZIP/CO: COLUMBUS, OH 43215-3799

OFFICER

DIRECTOR

NAME: GEORGE F KNIGHT
TITLE: SRVP/TREASURER
ADDRESS: 180 EAST BROAD ST
CITY/ST/ZIP/CO: COLUMBUS, OH 43215-

OFFICER

DIRECTOR

NAME: DAVID B SAMBUR
TITLE: DIRECTOR
ADDRESS: 9 WEST 57TH ST
CITY/ST/ZIP/CO: NEW YORK, NY 10019-

OFFICER

DIRECTOR

NAME: ROBERT V SEMINARA TITLE: DIRECTOR ADDRESS: 9 WEST 57TH ST CITY/ST/ZIP/CO: NEW YORK, NY 10019-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JORDAN C ZAKEN TITLE: DIRECTOR ADDRESS: 9 WEST 57TH ST CITY/ST/ZIP/CO: NEW YORK, NY 10019-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOSEPH P BEVILAQUA TITLE: EX VP ADDRESS: 180 EAST BROAD STREET CITY/ST/ZIP/CO: COLUMBUS, OH 43215-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: DALE N PLANTE TITLE: EX VP ADDRESS: 180 EAST BROAD STREET CITY/ST/ZIP/CO: COLUMBUS, OH 43215-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: DOUGLAS A JOHNS TITLE: EX VP ADDRESS: 180 EAST BROAD STREET CITY/ST/ZIP/CO: COLUMBUS, OH 43215-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JUDITH A SONNETT TITLE: EX VP ADDRESS: 180 EAST BROAD STREET CITY/ST/ZIP/CO: COLUMBUS, OH 43215-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: EMILY A LUDGATE TITLE: ASST TREASURER ADDRESS: 180 EAST BROAD STREET CITY/ST/ZIP/CO: COLUMBUS, OH 43215-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ EMILY A LUDGATE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	EMILY A LUDGATE, ASST TREASURER PRINTED NAME AND CORPORATE TITLE
4/26/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	