

| 1.) CORPORATION NAME: J. M. HUBER CORPORATION | DUE DATE: 7/31/2015 | | | | | | | | |
|--|--|-------|------------|------|------------|------|------------|-----|------------|
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA | SCC ID NO: F0122178 | | | | | | | | |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY | 5.) STOCK INFORMATION | | | | | | | | |
| 4.) STATE OR COUNTRY OF INCORPORATION: NJ | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">CLASS</th> <th>AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMA</td> <td style="text-align: right;">30,000,000</td> </tr> <tr> <td>COMB</td> <td style="text-align: right;">20,000,000</td> </tr> <tr> <td>OTH</td> <td style="text-align: right;">20,000,000</td> </tr> </tbody> </table> | CLASS | AUTHORIZED | COMA | 30,000,000 | COMB | 20,000,000 | OTH | 20,000,000 |
| CLASS | AUTHORIZED | | | | | | | | |
| COMA | 30,000,000 | | | | | | | | |
| COMB | 20,000,000 | | | | | | | | |
| OTH | 20,000,000 | | | | | | | | |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: TAX DEPT
499 THORNALL STREET

CITY/ST/ZIP: EDISON, NJ 08837

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.

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|--|-------------------------------------|---------|-------------------------------------|----------|
| NAME: M MARBERRY TITLE: PRES/CHMN ADDRESS: 499 THORNALL ST CITY/ST/ZIP/CO: EDISON, NJ 08837 | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
|--|-------------------------------------|---------|-------------------------------------|----------|

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| NAME: JEFFREY J PROSINSKI TITLE: VP/CFO ADDRESS: 499 THORNALL STREET CITY/ST/ZIP/CO: EDISON, NJ 08837 | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
|--|-------------------------------------|---------|--------------------------|----------|

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| NAME: JOHN BAGINSKI TITLE: ASST TREASURER ADDRESS: 499 THORNALL STREET CITY/ST/ZIP/CO: EDISON, NJ 08837 | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
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| NAME: WILLIAM SCHLIMBACH TITLE: SECRETARY ADDRESS: 499 THORNALL ST CITY/ST/ZIP/CO: EDISON, NJ 08837 | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
|--|-------------------------------------|---------|--------------------------|----------|

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| NAME: ANTHONY W BROOKE TITLE: DIRECTOR ADDRESS: 499 THORNALL ST CITY/ST/ZIP/CO: EDISON, NJ 08837-2220 | <input type="checkbox"/> | OFFICER | <input checked="" 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/ JOHN BAGINSKI | JOHN BAGINSKI, ASST TREASURER | 8/26/2015 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | 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.