

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214512170

1.) CORPORATION NAME:

DUE DATE: 3/31/2014

Atotech USA Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: F1133810

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1750 OVERVIEW DRIVE

CITY/ST/ZIP: ROCK HILL, SC 29730

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.

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	KULDIP JOHAL		
TITLE:	P/CEO		
ADDRESS:	1750 OVERVIEW DRIVE		
CITY/ST/ZIP/CO:	ROCK HILL, SC 29730		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DAVID BALCERZAK		
TITLE:	TREASURER		
ADDRESS:	1750 OVERVIEW DR		
CITY/ST/ZIP/CO:	ROCK HILL, SC 29730		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Chris Latiolais		
TITLE:	ASST TREASURER		
ADDRESS:	1201 LOUISIANA STREET SUITE 1800		
CITY/ST/ZIP/CO:	HOUSTON, TX 77002		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	EVE POWARS-BAHR		
TITLE:	SECRETARY		
ADDRESS:	2583 GATEWAY DRIVE SUITE 140		
CITY/ST/ZIP/CO:	STATE COLLEGE, PA 16801		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Isabelle Kieffer		
TITLE:	DIRECTOR		
ADDRESS:	1201 LOUISIANA STREET		
CITY/ST/ZIP/CO:	HOUSTON, TX 77002		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Elizabeth Matthews		
TITLE:	DIRECTOR		
ADDRESS:	1201 LOUISIANA ST		
CITY/ST/ZIP/CO:	HOUSTON, TX 77002		

NAME:	GERTJAN VAN DER WAL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ERASMUSSTRASE 20, 10553		
CITY/ST/ZIP/CO:	, , FN		

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.

<u>/s/ EVE POWARS-BAHR</u>	<u>EVE POWARS-BAHR,</u>	<u>3/5/2014</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.