

1.) CORPORATION NAME: **CHEMICAL EDUCATIONAL FOUNDATION** DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **CT CORPORATION SYSTEM** SCC ID NO: **F1235169**

**4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
DC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1555 WILSON BOULEVARD SUITE 700
 CITY/ST/ZIP: ARLINGTON, VA 22209

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: ROSEMARY PODWIN TITLE: PRESIDENT ADDRESS: SHELL CHEMICAL, LP P.O. BOX 2463 HOUSTON, TX 77252 CITY/ST/ZIP/CO:	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEPHEN CORNWALL TITLE: VICE PRESIDENT ADDRESS: ICL PERFORMANCE PRODUCTS LP PO BOX 859 EAST GREENWICH, RI 02818 CITY/ST/ZIP/CO:	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MATHEW BRAINERD TITLE: TREASURER ADDRESS: BRAINERD CHEMICAL COMPANY 1200 NORTH PEORIA TULSA, OK 74106 CITY/ST/ZIP/CO:	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KURT MCMILLAN TITLE: SECRETARY ADDRESS: NACD 1555 WILSON BLVD STE 700 ARLINGTON, VA 22209 CITY/ST/ZIP/CO:	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN RICE TITLE: EXEC DIRECTOR ADDRESS: 1555 WILSON BLVD SUITE 700 ARLINGTON, VA 22209 CITY/ST/ZIP/CO:	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAUREN ANDERSON DIRECTOR DUPONT FLUOROPRODUCTS PO BOX 80702 WILMINGTON, DE 19880	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAURA DORNBUSCH DIRECTOR 6616 QUEENSCLUB DRIVE HOUSTON, TX 77069	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM FIDLER DIRECTOR BRENNTAG NORTH AMERICA, INC. 5083 POTTSVILLE PIKE READING, PA 19605	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROGER HARRIS DIRECTOR PRODUCERS CHEMICAL COMPANY 1355 SOUTH RIVER STREET BATAVIA, IL 60510	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERRY HILL DIRECTOR UNIVAR, INC. 500 108TH AVENUE, NE BELLEVUE, WA 98004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MAUREEN PAUKERT DIRECTOR BASF CORPORATION 100 PARK AVENUE FLORHAM PARK, NJ 07932	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD PEACOCK DIRECTOR PVS-NOLWOOD CHEMICALS, INC. PO BOX 13590 DETROIT, MI 48213	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL RUSSO DIRECTOR LOUISIANA STATE UNIVERSITY 232 CHOPPIN HALL BATON ROUGE, VA 70803	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRUCE SCHECHINGER DIRECTOR BHS MARKETING LLC 2320 WEST INDIANA AVENUE SALT LAKE CITY, UT 84127	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW SKIPP DIRECTOR HUBBARD HALL INC PO BOX 790 WATERBURY, CT 06720	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAWRENCE SLOAN DIRECTOR SOCIETY OF CHEMICAL MANUFACTURERS & AFILLIATE 1850 M STREET, NW WASHINGTON, DC 20036	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES SOTIRCHOS DIRECTOR EXXONMOBIL CHEMICAL COMPANY 2027 HENLEY STREET GLENVIEW, IL 60025	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT VALLENTINE DIRECTOR THE DOW CHEMICAL COMPANY 1790 BUILDING OFFICE 108 MIDLAND, MI 48667	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BART WHITAKER DIRECTOR WHITAKER OIL COMPANY 1557 MARIETTA RD. ATLANTA, GA 30318	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD WHITE DIRECTOR FMC CORPORATION 1735 MARKET STREET PHILADELPHIA, PA 19103	<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/ KURT MCMILLAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KURT MCMILLAN, SECRETARY PRINTED NAME AND CORPORATE TITLE	11/25/2013 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.			