

1.) CORPORATION NAME:

DUE DATE: **2/28/2014**

Solvay USA Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1327875**

**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: 8 CEDAR BROOK DRIVE

CITY/ST/ZIP: CRANBURY, NJ 08512

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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|--|---|--|
| <p>NAME: JAMES HARTON TITLE: PRESIDENT ADDRESS: 8 CEDAR BROOK DRIVE CITY/ST/ZIP/CO: CRANBURY, NJ 08512</p> | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| <p>NAME: ANTHONY T SAVIANO TITLE: SECRETARY ADDRESS: 8 CEDAR BROOK DRIVE CITY/ST/ZIP/CO: CRANBURY, NJ 08512</p> | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| <p>NAME: MARK A DAHLINGER TITLE: CFO ADDRESS: 8 CEDAR BROOK DRIVE CITY/ST/ZIP/CO: CRANBURY, NJ 08512</p> | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| <p>NAME: MO BEYAD TITLE: DIRECTOR ADDRESS: 8 CEDAR BROOK DRIVE CITY/ST/ZIP/CO: CRANBURY, NJ 08512</p> | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| <p>NAME: GREGORY CLASSON TITLE: ASST SECRETARY ADDRESS: 8 CEDAR BROOK DRIVE CITY/ST/ZIP/CO: CRANBURY, NJ 08512</p> | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| <p>NAME: J. MARCUS LEWIS TITLE: VICE PRESIDENT ADDRESS: 8 CEDAR BROOK DRIVE CITY/ST/ZIP/CO: CRANBURY, NJ 08512</p> | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |

| | | | |
|-----------------|---------------------|---|-----------------------------------|
| NAME: | DAMIAN CIONI | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | ASST TREASURER | | |
| ADDRESS: | 8 CEDAR BROOK DRIVE | | |
| CITY/ST/ZIP/CO: | CRANBURY, NJ 08512 | | |

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/ GREGORY CLASSON | GREGORY CLASSON, ASST SECRETARY | 1/22/2014 |
| 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.