

1.) CORPORATION NAME:

DSM NeoResins Inc.

DUE DATE: **7/31/2011**

SCC ID NO: **F1519083**

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	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 730 MAIN ST

CITY/ST/ZIP: WILMINGTON, MA 01887-

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: PAUL A TEECE
TITLE: TREASURER
ADDRESS: 730 MAIN ST
CITY/ST/ZIP/CO: WILMINGTON, MA 01887-

OFFICER

DIRECTOR

NAME: JAMES P SPIELBERG
TITLE: ASST SECRETARY
ADDRESS: 45 WATERVIEW BLVD
CITY/ST/ZIP/CO: PARSIPPANY, NJ 07054-

OFFICER

DIRECTOR

NAME: STEPHEN V DALTON
TITLE: VICE PRESIDENT
ADDRESS: 3110 WEST STATE ROAD 28
CITY/ST/ZIP/CO: FRANKFORT, IN 46041-

OFFICER

DIRECTOR

NAME: SJAAK GRIFFIOEN
TITLE: PRESIDENT
ADDRESS: 730 MAIN STREET
CITY/ST/ZIP/CO: WILMINGTON, MA 01887-

OFFICER

DIRECTOR

NAME: HUGH C. WELSH
TITLE: SECRETARY
ADDRESS: 45 WATERVIEW BLVD.
CITY/ST/ZIP/CO: PARSIPPANY, NJ 07054-

OFFICER

DIRECTOR

NAME: JOHN TERRACCIANO TITLE: ASST SECRETARY ADDRESS: 45 WATERVIEW BLVD CITY/ST/ZIP/CO: PARSIPPANY, NJ 07054-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: DEBORA HAMAN TITLE: ASST SECRETARY ADDRESS: 45 WATERVIEW BLVD CITY/ST/ZIP/CO: PARSIPPANY, NJ 07054-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: HENK-JAN KOENEN TITLE: CHAIRMAN ADDRESS: 730 MAIN STREET CITY/ST/ZIP/CO: WILMINGTON, MA 01887-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ROBERT STRASSER TITLE: Tax Officer ADDRESS: 45 WATERVIEW BLVD CITY/ST/ZIP/CO: PARSIPPANY, NJ 07054-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ PAUL A TEECE</u>	<u>PAUL A TEECE, TREASURER</u>	<u>6/6/2011</u>
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.