

1.) CORPORATION NAME:

Rockwood Lithium Inc.

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1529090**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 348 HOLIDAY INN DR

CITY/ST/ZIP: KINGS MOUNTAIN, NC 28086

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.

<p>NAME: JOHN A MITCHELL TITLE: PRESIDENT ADDRESS: 348 HOLIDAY INN DRIVE CITY/ST/ZIP/CO: KINGS MOUNTAIN, NC 28086</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JOHN D GROVES TITLE: VICE PRESIDENT ADDRESS: 348 HOLIDAY INN DR CITY/ST/ZIP/CO: KINGS MOUNTAIN, NC 28086</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: SIMON JONES TITLE: VICE PRESIDENT ADDRESS: 100 OERLOOK CENTER CITY/ST/ZIP/CO: PRINCETON, NJ 08540</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: THOMAS J RIORDAN TITLE: SVP AND SEC ADDRESS: C/O ROCKWOOD CITY/ST/ZIP/CO: 100 OVERLOOK CTR PRINCETON, NJ 08540</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DONNA M ABRUNZO TITLE: ASST SEC ADDRESS: C/O ROCKWOOD CITY/ST/ZIP/CO: 100 OVERLOOK CTR PRINCETON, NJ 08540</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ROBERT J ZATTA TITLE: SVP AND CFO ADDRESS: 100 OVERLOOK CENTER CITY/ST/ZIP/CO: PRINCETON, NJ 08540</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONALD A FRANCE CFO-LITHIUM NA 348 HOLIDAY INN DR KINGS MOUNTAIN, NC 28086	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL W VALENTE ASST SECRETARY 100 OVERLOOK CENTER PRINCETON, NJ 08540	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARCUS BRUNE DIRECTOR KONIGSBERGER STR. 1 , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEFFEN HABER DIRECTOR TRAKEHNER STR.3 , , FN	<input type="checkbox"/> OFFICER	<input checked="" 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.

/s/ DONNA M ABRUNZO	DONNA M ABRUNZO, ASST SEC	10/3/2013
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.