

1.) CORPORATION NAME:

PVS Chloralkali, Inc.

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1733247**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	60,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10900 HARPER AVE

CITY/ST/ZIP: DETROIT, MI 48213

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: SCOTT TRUSSELL TITLE: PRESIDENT ADDRESS: 10900 HARPER AVE CITY/ST/ZIP/CO: DETROIT, MI 48213</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: JAMES M NICHOLSON TITLE: VICE PRESIDENT ADDRESS: 10900 HARPER AVE CITY/ST/ZIP/CO: DETROIT, MI 48213</p>	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DAVID A NICHOLSON TITLE: VICE PRESIDENT ADDRESS: 10900 HARPER AVE CITY/ST/ZIP/CO: DETROIT, MI 48213</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: ALLAN A SCHLUMBERGER TITLE: VICE PRESIDENT ADDRESS: 10900 HARPER AVE CITY/ST/ZIP/CO: DETROIT, MI 48213</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: MILISAV M BULATOVIC TITLE: ASST TREASURER ADDRESS: 10900 HARPER AVENUE CITY/ST/ZIP/CO: DETROIT, MI 48213</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: CANDEE M. SAFERIAN TITLE: TREASURER ADDRESS: 10900 HARPER AVENUE CITY/ST/ZIP/CO: DETROIT, MI 48213</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR

NAME: JAMES B DEVLEESCHOUWER TITLE: ASST SECRETARY ADDRESS: 10900 HARPER AVENUE CITY/ST/ZIP/CO: DETROIT, MI 48213	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JONATHAN S TAUB TITLE: SECRETARY ADDRESS: 10900 HARPER AVE CITY/ST/ZIP/CO: DETROIT, MI 48213	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: TODD WODZINSKI TITLE: VICE PRESIDENT ADDRESS: 10900 HARPER AVE CITY/ST/ZIP/CO: DETROIT, MI 48213	<input checked="" type="checkbox"/> OFFICER <input 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/ JONATHAN S TAUB SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JONATHAN S TAUB, SECRETARY PRINTED NAME AND CORPORATE TITLE	1/17/2014 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.		