

1.) CORPORATION NAME:

**Rockwood Company of Illinois (USED IN VA BY:
TheRockwood Company)**

DUE DATE: **4/30/2014**

SCC ID NO: **F1748948**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: THE ROCKWOOD COMPANY
20 N WACKER DRIVE STE 960

CITY/ST/ZIP: CHICAGO, IL 60606

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:	RICHARD P MROTEK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	20 N WACKER DRIVE SUITE 960		
CITY/ST/ZIP/CO:	CHICAGO, IL 60606		
NAME:	MARSHALL C DAHLSTROM	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	20 N WACKER DRIVE SUITE 960		
CITY/ST/ZIP/CO:	CHICAGO, IL 60606		
NAME:	JACQUELYN L BLIDY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	20 N WACKER DRIVE STE 960		
CITY/ST/ZIP/CO:	CHICAGO, IL 60606		
NAME:	DANIEL J BERMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	20 N WACKER DRIVE STE 960		
CITY/ST/ZIP/CO:	CHICAGO, IL 60606		
NAME:	LAWRENCE H GOLTZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	20 N WACKER DRIVE SUITE 960		
CITY/ST/ZIP/CO:	CHICAGO, IL 60606		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRAD M HEDBERG VICE PRESIDENT 20 N WACKER DRIVE SUITE 960 CHICAGO, IL 60606	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PHILLIP F KUHN DIRECTOR 20 N WACKER DRIVE SUITE 960 CHICAGO, IL 60606	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL D LANGE SECRETARY 20 N WACKER DRIVE SUITE 960 CHICAGO, IL 60606	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID S PARRILLI DIRECTOR 20 N WACKER DRIVE SUITE 960 CHICAGO, IL 60606	<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/ JACQUELYN L BLIDY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JACQUELYN L BLIDY, ASST TREASURER PRINTED NAME AND CORPORATE TITLE	4/7/2014 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.					