## 2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006935

Entity Name: ICL PERFORMANCE PRODUCTS INC.

## **Current Principal Place of Business:**

1105 NORTH MARKET STREET **SUITE 1300** WILMINGTON, DE 19801

## **Current Mailing Address:**

1105 NORTH MARKET STREET **SUITE 1300** WILMINGTON, DE 19801

FEI Number: 01-0847132 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail:

CEO Title Title **SEC** 

LUTHER, HEATHER K Name VOLMER, MARK Name

Address 622 EMERSON ROAD, SUITE 500 Address 622 EMERSON ROAD, SUITE 500

CREVE COEUR MO 63141 City-State-Zip: CREVE COEUR MO 63141 City-State-Zip:

**TCFO** Title Title Ρ

Name SCHLESSMAN, PAUL M Name MOFFATT, JAMES R

622 EMERSON ROAD, SUITE 500 Address 622 EMERSON ROAD, SUITE 500 Address

City-State-Zip: CREVE COEUR MO 63141 City-State-Zip: CREVE COEUR MO 63141

VΡ Title Title

Name COREY, NINA A Name TALLO, DEBORAH R

Address 1105 N MARKET ST SUITE 1300 Address 622 EMERSON ROAD, SUITE 500

City-State-Zip: WILMINGTON DE 19801 City-State-Zip: CREVE COEUR MO 63141

Title ASST. SECRETARY Name SAMPLE, ANNE M

Address 1105 NORTH MARKET STREET

**SUITE 1300** 

City-State-Zip: WILMINGTON DE 19801

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

04/23/2015 SIGNATURE: PAUL SCHLESSMAN **CFO** 

Date

**FILED** Apr 23, 2015

**Secretary of State** 

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