


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90412 022 \*\*\*150.00

**DOCUMENT # F05000006935**

1. Entity Name  
**ICL PERFORMANCE PRODUCTS INC.**



Principal Place of Business      Mailing Address  
**1105 NORTH MARKET STREET, SUITE 1300**      **1105 NORTH MARKET STREET, SUITE 1300**  
**WILMINGTON, DE 19899**      **WILMINGTON, DE 19899**


2. Principal Place of Business      3. Mailing Address  
**3411 Silverside Road**      **3411 Silverside Road**

Suite, Apt. #, etc.  
**103 Springer Building**      **103 Springer Building**

City & State  
**Wilmington, DE 19810**      **Wilmington, DE 19810**

Zip      Country      Zip      Country

40059633



04172006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**01-0847132**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KENNEDY, RICHARD V JR</b> <b>1105 NORTH MARKET STREET, SUITE 1300</b> <b>WILMINGTON, DE 19899</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>3411 SILVERSIDE RD.103 SPRINGER BLD</b> <b>WILMINGTON,DE 19810</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>KADMAN, JAMES J</b> <b>1105 NORTH MARKET STREET, SUITE 1300</b> <b>WILMINGTON, DE 19899</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>KAIMAN, JAMES J</b> <b>3411 SILVERSIDE RD. 103 SPRINGER BL</b> <b>WILMINGTON, DE 19810</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ASHTON, ROBERT J</b> <b>1105 NORTH MARKET STREET, SUITE 1300</b> <b>WILMINGTON, DE 19899</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>3411 SILVERSIDE RD 103 SPRINGER BLD</b> <b>WILMINGTON, DE 19810</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TCFO</b> <b>SCHLESSMAN, PAUL M</b> <b>1105 NORTH MARKET STREET, SUITE 1300</b> <b>WILMINGTON, DE 19899</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>3411 SILVERSIDE RD 103 SPRINGER BLDG</b> <b>WILMINGTON, DE 19810</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VICE PRESIDENT</b> <b>COREY, NINA A</b> <b>3411 SILVERSIDE RD 103 SPRINGER BLDG</b> <b>WILMINGTON,DE 19810</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nina A Corey*      4/18/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #