DOC ID ----> 200917702036

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/29/2009	200917702036	FICTITIOUS NAME/ORIGINAL FILING (NFO)	50.00	200.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

CT CORPORATION SYSTEM
4400 EASTON COMMONS WAY, SUITE 125
ATTN: TIMOTHY ROBERSON
COLUMBUS, OH 43219

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jennifer Brunner

1866518

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

CVC THERMOSET SPECIALTIES

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
FICTITIOUS NAME/ORIGINAL FILING	**200917702036**
Expiration Date: 06/26/2014	EMERALD PERFORMANCE MATERIALS, LLC 2020 FRONT ST. SUITE 100 CUYAHOGA FALLS, OH 44221

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 26th day of June, A.D. 2009.

Ohio Secretary of State

DOC ID ----> 200917702036

Form 534A Prescribed by the:
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)

www.sos.state.oh.us
Busserv@sos.state.oh.us

Expedite this form: (select one)
Mail form to one of the following:

☑ Expedite — PO Box 1390, Columbus, OH 43216

*** Requires an additional fee of $100 ***

☐ Non Expedite — PO Box 670, Columbus, OH 43216

NAME REGISTRATION
Filing Fee $50

(CHECK ONLY ONE (1) BOX)

☐ Trade Name (167-RNO)	☑ Fictitious Name (169-NFO)
Date of first use: _____	

Name being registered or reported: CVC Thermoset Specialties

Name of the Registrant: Emerald Performance Materials, LLC

NOTE: If the registrant is a foreign corporation licensed in Ohio under an assumed name, provide the assumed name and the name as registered in its jurisdiction of formation.

The Registrant is a(n): (Check only one (1) box)

- ☐ Individual
- ☐ Partnership
  Registration # , if any _____
- ☐ Limited Partnership
  Registration # _____
  If foreign, Jurisdiction of Formation _____
- ☐ Limited Liability Partnership
  Registration # _____
  If foreign, Jurisdiction of Formation _____
- ☑ Limited Liability Company
  Registration # 1621935
  If foreign, Jurisdiction of Formation Delaware
- ☐ Ohio Corporation
  Charter # _____
- ☐ Foreign Corporation
  Ohio license # _____
  Jurisdiction of Formation _____
- ☐ Unincorporated Association
- ☐ Professional Association
- ☐ Other

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All registrants must complete the information in this section

Business address:

2020 Front St. Suite 100
Mailing Address

Cuyahoga Falls | OH | 44221
City | State | Zip Code

The general nature of the business conducted by the registrant:

Manufacturing and distributing chemicals

Complete the information in this section if registrant is a partnership not registered in Ohio

Provide the name and address of at least one general partner:

Name	Address

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign corporation, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation licensed in Ohio under an assumed name, please provide the assumed name and the name as registered in its jurisdiction of formation.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

REQUIRED
Must be authenticated **(signed)** by the registrant or an authorized representative

Candace M. Wagner — June 24, 2009
Signature — Date

Candace M. Wagner
Print Name

Signature — Date

Print Name