Doc Code:

FORM PTQ-1594 (Modified) (Rev. 07/05)		Docket No.:
OMB No. 0651-0027 (exp. 6/30/2008) RECORDATION FORM COVER SHEET		T-9984
TRADEMARKS / SERVICE MARKS ONLY		
To the Director of the U. S. Patent and Trademark Office: Please record the attached original documents or the new address(es) below.		
Name of conveying party(ies):	2. Name and address of receiving	
DEGUSSA FINE LLC	Additional names, addresses, or citizensh	ip attached? ☑ Yes ☑ No
DEGUSSA SULFOLANE LLC	Name: LAPORTE SPECIALITY	ORGANICS, INC.
	Internal Address: INTERNATIONAL TR	-
☐ Individual(s) ☐ Association	Street Address: 500 INTERNATIONAL DRIVE	
☐ General Partnership ☐ Limited Partnership	City: MOUNT OLIVE	
□ Corporation-State:	State: NEW JERSEY	
☑ Other LIMITED LIABILITY COMPANIES	Country: UNITED STATES 2IP: 08728	
Citizenship (see guidelines) DELAWARE		
Additional names(s) of conveying party(ies)	☐ General Partnership Citizens	ship
ature of conveyance/Execution Date(s):		ship
Execution Date: SEPTEMBER 15, 2003	☑ Corporation Citizenship <u>DELAWARE</u>	
☐ Assignment ☒ Merger	☐ Other	
☐ Security Agreement ☐ Change of Name ☐ Other	If assignee is not domiciled in the Unite designation is attached: (Designations must be a separate docu	🗋 Yes 💆 No
4. Application number(s) or registration numbers(s) and identification or description of the Trademark/Service Mark:		
A. Trademark / Service Mark Application No.(s)  B. Trademark / Service Mark Registration No.(s)		
625,681		
	1-1,112	
<u> </u>	<u> </u>	
Additional sheet(s) attached? Yes No		
C. Identification or Description of Trademark(s)/Service Mark(s) (and Filing Date If Application or Registration Number is unknown):  IONOL		
IONOL		
5. Name & address of party to whom correspondence	6. Total number of applications an	nd .
concerning document should be mailed:	registrations involved:	1 1
Name: Martin P. Hollman		
Internal Address: HOFFMAN, WASSON & GITLER, P.C.	7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 40,00 ☐ Authorized to be charged by credit card	
Street Address: 2461 South Clark Street	🖾 Authorized to be charged to deposit account	
Suite 522	☐ Enclosed	
City: Arlington	8. Payment Information:	
State: VA Zip: 22202	a. Credit Card Last 4 Numbers	
Phone Number: (703) 415-0100	Expiration Date	
Fax Number: (703) 418-2768	b. Deposit Account Number 0	
Email Address: mhoffman@hwglaw.com		Martin P. Hoffman
9. Signature: 0ct. 18, 2006		
Signature		´ Date
Martin P. Hoffman		of pages including cover ments, and document:
Name of Person Signing		monto, and document.

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE CERTIFICATE OF MERGER, WHICH **MERGES:** 

"DEGUSSA FINE LLC", A DELAWARE LIMITED LIABILITY COMPANY, "DEGUSSA SULFOLANE LLC", A DELAWARE LIMITED LIABILITY COMPANY,

WITH AND INTO "LAPORTE SPECIALITY ORGANICS, INC." UNDER THE NAME OF "LAPORTE SPECIALITY ORGANICS, INC.", A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, WAS RECEIVED AND FILED IN THIS OFFICE THE FIFTEENTH DAY OF SEPTEMBER, A.D. 2003, AT 9:37 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION SHALL BE GOVERNED BY THE LAWS OF THE STATE OF DELAWARE.

Varret Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5076585

DATRADENTARIA REEL: 003412 FRAME: 0216

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060805739 **RECORDED: 10/18/2006**