2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 14, 2005
Secretary of State

DOCUMENT# M02000003414

Entity Name: CHEVRON PHILLIPS CHEMICAL COMPANY LLC

Current Principal Place of Business:

10001 SIX PINES DRIVE
THE WOODLANDS, TX 77380

New Principal Place of Business:

Current Mailing Address:

10001 SIX PINES DRIVE
THE WOODLANDS, TX 77380

New Mailing Address:

FEI Number: 73-1590261 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: CONNIE BRYAN,, SPECIAL ASST. SECRETARY

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	GALLOGLY, JAMES L	
Address:	10001 SIX PINES DRIVE	
City-St-Zip:	THE WOODLANDS, TX 77380	
Title:	MGR	( ) Delete
Name:	YESAVAGE, GARY G	
Address:	10001 SIX PINES DRIVE	
City-St-Zip:	THE WOODLANDS, TX 77380	
Title:	MGR	( ) Delete
Name:	LOWE, JOHN E	
Address:	10001 SIX PINES DRIVE	
City-St-Zip:	THE WOODLANDS, TX 77380	
Title:	MGR	( ) Delete
Name:	NOKES, J W	
Address:	10001 SIX PINES DRIVE	
City-St-Zip:	THE WOODLANDS, TX 77380	
Title:	MGR	( ) Delete
Name:	YARRINGTON, PATRICIA	
Address:	10001 SIX PINES DRIVE	
City-St-Zip:	THE WOODLANDS, TX 77380	
Title:	MGR	( ) Delete
Name:	MAXWELL, GREG G	
Address:	10001 SIX PINES DRIVE	
City-St-Zip:	THE WOODLANDS, TX 77380	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LYNN L. COOK, ASST. SECRETARY MS. 11/14/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date