

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90154 010 \*\*\*150.00

**DOCUMENT # 808111**

1. Corporation Name

**MILLENNIUM PETROCHEMICALS INC.**

Principal Place of Business

11500 NORTHLAKE DR  
CINCINNATI OH 45249  
US

Mailing Address

C/O MILLENNIUM CHEMICALS INC  
230 HALF MILE ROAD  
RED BANK NJ 07701  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1949

4. FEI Number

13-1762676

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD ☒ DELETE  
NAME YOCUM, RONALD  
STREET ADDRESS 11500 NORTHLAKE DR.  
CITY-ST-ZIP CINCINNATI OH

TITLE AS ☐ DELETE  
NAME LUDDY, DENNIS W  
STREET ADDRESS 99 WOOD AVE SO  
CITY-ST-ZIP ISELIN NJ

TITLE VPD ☐ DELETE  
NAME LANDUYT, WILLIAM M  
STREET ADDRESS 230 HALF MILE ROAD  
CITY-ST-ZIP RED BANK NJ 07701

TITLE VPAS ☐ DELETE  
NAME HEMPSTEAD, GEORGE H III  
STREET ADDRESS 99 WOOD AVE SO  
CITY-ST-ZIP ISELIN NJ

TITLE T ☒ DELETE  
NAME BURKE, THOMAS  
STREET ADDRESS 11500 NORTHLAKE DR.  
CITY-ST-ZIP CINCINNATI OH

TITLE C ☒ DELETE  
NAME KIMBLE, DUANE  
STREET ADDRESS 11500 NORTHLAKE DR.  
CITY-ST-ZIP CINCINNATI OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT, CEO, DIR ☐ Change ☐ Addition  
1.2 NAME PETER P. HANIK  
1.3 STREET ADDRESS 11500 NORTHLAKE DRIVE  
1.4 CITY-ST-ZIP CINCINNATI OH 45249

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 230 HALF MILE ROAD  
2.4 CITY-ST-ZIP RED BANK, NJ 07701

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 230 HALF MILE ROAD  
4.4 CITY-ST-ZIP RED BANK, NJ 07701

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME VP, TREASURER  
5.3 STREET ADDRESS CHRISTINE WUBBOLDING  
5.4 CITY-ST-ZIP 230 HALF MILE ROAD  
RED BANK, NJ 07701

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME VP  
JOHN E. LUSHEFSKI  
6.3 STREET ADDRESS 230 HALF MILE ROAD  
6.4 CITY-ST-ZIP RED BANK, NJ 07701

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Dennis W. Luddy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis W. Luddy Asst. Secretary

4/22/99

Date

Daytime Phone #

CR2E034 (1/98)