


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90095 007 \*\*\*150.00

<b>DOCUMENT # 808111</b>	
1. Entity Name <b>MILLENNIUM PETROCHEMICALS INC.</b>	

Principal Place of Business <b>C/O MILLENNIUM CHEMICALS INC. 230 HALF MILE ROAD RED BANK, NJ 07701 US</b>	Mailing Address <b>C/O MILLENNIUM CHEMICALS INC. 230 HALF MILE ROAD RED BANK, NJ 07701 US</b>
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2. Principal Place of Business <b>C/O MILLENNIUM CHEMICALS, INC.</b>	3. Mailing Address <b>C/O MILLENNIUM CHEMICALS INC.</b>
Suite, Apt. #, etc. <b>20 WIGHT AVENUE, SUITE 100</b>	Suite, Apt. #, etc. <b>20 WIGHT AVENUE, SUITE 100</b>
City & State <b>HUNT VALLEY, MD 21030</b>	City & State <b>HUNT VALLEY, MD</b>
Zip <b>21030</b>	Country <b>USA</b>

04082004 Chg-P CR2E034 (10/03)

4. FEI Number <b>13-1762676</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PCD HANIK, PETER P 11500 NORTHLAKE DRIVE CINCINNATI, OH 45249</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PCD ROBERT E. LEE 20 WIGHT AVENUE, SUITE 100 HUNT VALLEY, MD 21030</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>AS BRAMNICK, MICHAEL R 230 HALF MILE ROAD RED BANK, NJ 07701</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>AS BRAMNICK, MICHAEL R 20 WIGHT AVENUE, SUITE 100 HUNT VALLEY, MD 21030</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VPD LANDUYT, WILLIAM M 230 HALF MILE ROAD RED BANK, NJ 07701</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VPAS CARMEAN, C WILLIAM 230 HALF MILE ROAD RED BANK, NJ 07701</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VP SIEGEL, COREY 230 HALF MILE ROAD RED BANK, NJ 07701</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VP LUSHEFSKI, JOHN E 230 HALF MILE ROAD RED BANK, NJ 07701</b>	<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 exemption stated in Section 119.07(3)(i), 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: COREY A. SIEGEL, VP Date: 4/12/04 Daytime Phone #: 410-229-4474