


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

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FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90144 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 808113
 1. Corporation Name
UNION CARBIDE CORPORATION

Principal Place of Business OLD RIDGBURY ROAD 39 OLD RIDGBURY RD. STATE TAXES F-3 DANBURY CT 06817	Mailing Address OLD RIDGBURY ROAD 39 OLD RIDGBURY RD. STATE TAXES F-3 DANBURY CT 06817
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/30/1949	4. FEI Number 13-1421730	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 Zip Country	28 Zip Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24	25	29	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, ROBERT	1.2 NAME	
STREET ADDRESS	39 OLD RIDGBURY RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	DANBURY, CT 0	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM, H. JOYCE	2.2 NAME	
STREET ADDRESS	39 OLD RIDGBURY RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DANBURY, CT 0	2.4 CITY-ST-ZIP	
TITLE	VPSD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEOGHAN, JOSEPH E	3.2 NAME	Bruce D. Fitzgerald
STREET ADDRESS	39 OLD RIDGBURY RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	DANBURY, CT 0	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYCK, JOSEPH S.	4.2 NAME	
STREET ADDRESS	39 OLD RIDGBURY RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DANBURY CT	4.4 CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, LEE C	5.2 NAME	
STREET ADDRESS	39 OLD RIDGBURY RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	DANBURY CT	5.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZPATRICK, JOHN W.	6.2 NAME	
STREET ADDRESS	39 OLD RIDGBURY RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	DANBURY CT	6.4 CITY-ST-ZIP	

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:  SIGNATURE REQUIRED **John Macdonald, Asst. Secretary 4/7/99**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)

