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Mar 31, 1999 8:00 am
Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 819506

1. Corporation Name

**ARCO CHEMICAL COMPANY - Former
Lyondell Chemical Worldwide, Inc.**

Principal Place of Business

**3801 WEST CHESTER PIKE
ATTN: TAX DEPT.
NEWTOWN SQUARE PA 19073
US**

Mailing Address

**3801 WEST CHESTER PIKE
ATTN: TAX DEPT.
NEWTOWN SQUARE PA 19073
US**



2. Principal Place of Business

21 2502 Sheldon Road

2a. Mailing Address

26 P.O. Box 1820

3. Date Incorporated or Qualified

04/13/1966

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

51-0104393

Applied For

Not Applicable

City & State

23 Channelview, TX

City & State

28 Channelview, TX

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Zip Country

24 77530 25 USA

Zip Country

29 77530 30 USA

6. Election Campaign Financing
Trust Fund Contribution ☐

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

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 617.0502 and 617.1508, 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 617.0503, 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	COB	<input checked="" type="checkbox"/> DELETE
NAME	FERNANDES, ANTHONY G.	
STREET ADDRESS	515 S FLOWER ST	
CITY-ST-ZIP	LOS ANGELES CA 90071	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ALAN R HIRSIG	
STREET ADDRESS	3801 WEST CHESTER PIKE	
CITY-ST-ZIP	NEWTOWN SQUARE PA 19073	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	SCHLANGER, MARVIN O	
STREET ADDRESS	3801 WEST CHESTER PIKE	
CITY-ST-ZIP	NEWTOWN SQUARE PA 19073	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	TUSINSKI, WALTER J	
STREET ADDRESS	3801 WEST CHESTER PIKE	
CITY-ST-ZIP	NEWTOWN SQUARE PA 19073	
TITLE	VPC	<input type="checkbox"/> DELETE
NAME	BILLET, VAN	
STREET ADDRESS	3801 W CHESTER PIKE	
CITY-ST-ZIP	NEWTOWN SQUARE PA 19073	
TITLE	VGTO	<input type="checkbox"/> DELETE
NAME	BATTISTA, LOUIS S.	
STREET ADDRESS	3801 WEST CHESTER PIKE	
CITY-ST-ZIP	NEWTOWN SQUARE PA 19073	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO & President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dan Smith	
1.3 STREET ADDRESS	1221 McKinney Street	
1.4 CITY-ST-ZIP	Houston, TX 77002	
2.1 TITLE	Exec. President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jeffrey R. Pendergraft	
2.3 STREET ADDRESS	1221 McKinney Street	
2.4 CITY-ST-ZIP	Houston, TX 77002	
3.1 TITLE	Sr. VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Morris Geib	
3.3 STREET ADDRESS	3801 West Chester Pike,	
3.4 CITY-ST-ZIP	Newtown Square, PA 19073	
4.1 TITLE	VP & Secy.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Kerry A. Galvin	
4.3 STREET ADDRESS	1221 McKinney St.	
4.4 CITY-ST-ZIP	Newtown Square, PA 19073	
5.1 TITLE	VP & Controller	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Van Billet	
5.3 STREET ADDRESS	(Same)	
5.4 CITY-ST-ZIP		
6.1 TITLE	(Same)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 617, 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

3/12/99

713 6527456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037-110A

0090897

FEDERAL ID NUMBER

51-0104393

277530-90061-2
819506

OFFICERS

Eff. 7/28/98

**TENURE
COMMENCED**

ADDRESS