

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra M. Jordan Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 842723 (9)

1. Corporation Name

SOLVAY POLYMERS, INC.



Principal Place of Business	Mailing Address
3333 RICHMOND AVE PO BOX 27328 HOUSTON TX 77227	3333 RICHMOND AVE PO BOX 27328 HOUSTON TX 77227

3. Date Incorporated or Qualified 03/02/1979	3a. Date of Last Report 04/26/1995
4. FEI Number 74-1806077	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 3333 Richmond Ave Suite, Apt. #, etc.	26 P.O. Box 27328 Suite, Apt. #, etc.
22 City & State Houston, TX 77098	27 City & State Houston, TX
24 77098 Zip Country usa	29 77227 Zip Country usa

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	1.2 NAME	1.3 STREET ADDRESS
		1.4 CITY-ST-ZIP	
		2.1 TITLE	NAME
		2.2 NAME	2.3 STREET ADDRESS
		2.4 CITY-ST-ZIP	
		3.1 TITLE	NAME
		3.2 NAME	3.3 STREET ADDRESS
		3.4 CITY-ST-ZIP	
		4.1 TITLE	NAME
		4.2 NAME	4.3 STREET ADDRESS
		4.4 CITY-ST-ZIP	
		5.1 TITLE	NAME
		5.2 NAME	5.3 STREET ADDRESS
		5.4 CITY-ST-ZIP	
		6.1 TITLE	NAME
		6.2 NAME	6.3 STREET ADDRESS
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:  **4/16/96** **713- 525- 4000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)



**SOLVAY
POLYMERS**

Quality Polymers Through Technology and People

842723

April 26, 1996

Florida Department of State
Division of Corporations, Annual Reports
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Solvay Polymers, Inc.
FEIN: 74-1806077

Dear Sir:

Enclosed please find the following form for the 1996 tax year.

_____ Income Tax Return
_____ Franchise Tax Return
_____ ☒ Annual Report
_____ Estimated Tax Payment
_____ Extension Request
_____ Other

Payment of \$200 is attached.

Should you have any questions regarding this or any other matter please contact me at the address below or by phone at (713) 525-6053.

Very truly yours,

Debra Steudtner

Debra E. Steudtner