2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CHECK

SIGNATURE: .

DOCUMENT # B01000000050 OL APR 30 PM 12: 19 1. Entity Name WESTLAKE POLYMERS LP SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address C/O ENTITY SERVICES GROUP, LLC 2801 POST OAK BLVD., SUITE 600 103 FOULK ROAD, SUITE 200 HOUSTON, TX 77056 WILMINGTON, DE 19803 2. Principal Place of Business 3. Mailing Address 2801 Post Oak Blud. Suite, Apt. #, etc. Suite, Apt. #, etc. 04212004 Chq-LP CR2E003 (10/03) City & State 4. FEI Number Applied For 76-0144230 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired - Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$0.00 as Shown on record. in FLORIDA to date. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. F01000000768 DOCUMENT # STREET ADDRESS WESTLAKE CHEMICAL INVESTMENTS, INC. NAME STREET ADDRESS 2801 POST OAK BLVD., SUITE 600 CITY-ST-ZIP CITY-ST-ZIP HOUSTON, TX 77056 300036478123 05/14/04--01053--011 **150.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

R. Michael Looney

4-22-04 (73)