2002	2 UNIFORM BUS	SINE 22 KEPC)K I	(ORK)	_ ·
DOCUMENT # B0100000168				***************************************	FILED
AIR PRODUCTS POLYMERS HOLDINGS, L.P.				PAR	02 APR 29 PM 4: 36
					SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Plac	e of Business	Mailing Address			- IALLAHASSÉE, FLORIDA
7201 HAMILTO		7201 HAMILTON BLVD.	-		.,
ALLENTOWN I	PA 18195	ALLENTOWN PA 18195			
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		T TOO HOT FOLL ON IN THAIR BOTH CONTINUOUS FRANK CONTINUOUS THAI HOUR THAIR SOUND THAI HOUR THAIR SOUND THAI HOUR
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DUE BY MAY 1, 2002
City & State		City & State	City & State		4. FEI Number Applied For 23–2974632 Not Applied be
Zip Country		Zip	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required
P . C. (1981)	6. Name and Address of Curre	nt Registered Agent	<u> </u>		7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM				Name	
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Street Address (P.O. Box Number is Not Acceptable)	
				City FL Zip Code	
3. The above	named entity submits this statement	for the purpose of changing its	s register	ed office or regist	tered agent, or both, in the State of Florida.
SIGNATURE .	Signature, typed or printed name of registered agr	ent and title if applicable.			DATE
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date				butions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
as Shown C	A GENERAL PARTNER	THAT IS A BUSINESS EN	NTITY N		STERED AND ACTIVE WITH THIS OFFICE.
2.		MAY NOT be changed on t IER INFORMATION	he form	n; an amendme	ent must be filed to change a general partner. ADDRESS CHANGES ONLY
OCUMENT#	815452		стри		
ame Treet address	AIR PRODUCTS AND CHEMICA 7201 HAMILTON BLVD.	ALS, INC.	CITY	'-ST-ZIP	
ITY-ST-ZIP	ALLENTOWN PA 18195		UIII	-31-ZIF	0000055027304
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TREET ADDRESS ITY-ST-ZIP	· 		CITY	-ST-ZIP	
I hereby of indicated the receiver SIGNAT	on this report is true and accurate an er or trustee empowered to execute	ith this filing does not qualify for do that my signature shall have this report its required by Chap	the same oter 620,	e legal effect as if Florida Statutes	Section 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership of 4/24/02 610-481-7598
		OR PRINTED NAME OF SIGNING GENER	AL PARTNE	R	Date Daytime Phone #