


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B01000000168</b> 1. Entity Name <b>AIR PRODUCTS POLYMERS HOLDINGS, L.P.</b>					
Principal Place of Business <b>7201 HAMILTON BLVD. ALLENTOWN PA 18195</b>			Mailing Address <b>7201 HAMILTON BLVD. ALLENTOWN PA 18195</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>23-2974632</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$0.00</b>		10. Amount of Capital Contributions in FLORIDA to date.		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	<b>815452</b>		STREET ADDRESS		
NAME	<b>AIR PRODUCTS AND CHEMICALS, INC.</b>		CITY-ST-ZIP		
STREET ADDRESS	<b>7201 HAMILTON BLVD.</b>		CITY-ST-ZIP		
CITY-ST-ZIP	<b>ALLENTOWN PA 18195</b>		STREET ADDRESS		
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CITY-ST-ZIP			STREET ADDRESS		



1ST MOORE CR2E003 (10/04)

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** David H. Green  **4/21/2005** **610-481-7598**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #