

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B01000000168

1. Entity Name
AIR PRODUCTS POLYMERS HOLDINGS, L.P.



FILED
03 APR 29 PM 12:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
7201 HAMILTON BLVD.
ALLENTOWN PA 18195

Mailing Address
7201 HAMILTON BLVD.
ALLENTOWN PA 18195



2. Principal Place of Business		3. Mailing Address		4. FEI Number 23-2974632		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$0.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	815452	STREET ADDRESS	
NAME	AIR PRODUCTS AND CHEMICALS, INC.	CITY-ST-ZIP	
STREET ADDRESS	7201 HAMILTON BLVD.		
CITY-ST-ZIP	ALLENTOWN PA 18195		
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NAME		CITY-ST-ZIP	
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STREET ADDRESS			
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 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

SIGNATURE:

David H. Green
David H. Green

4/25/03

610-481-7598

Date

Daytime Phone #

CR2E003 (10/02)

0018994 MB

STAPLE CHECK HERE