

# 2001 UNIFORM BUSINESS REPORT (UBR)

0018642 AF

DOCUMENT # B97000000625

1. Entity Name

EQUISTAR CHEMICALS, LP

Principal Place of Business

1221 MCKINNEY, SUITE 1600  
HOUSTON TX 77010

Mailing Address

1221 MCKINNEY, SUITE 1600  
HOUSTON TX 77010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

76-0550481

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$0.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$0.00

11. MAKE CHECK PAYABLE TO 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 # F97000006118  
NAME LYONDELL PETROCHEMICAL G.P. INC.  
STREET ADDRESS 1221 MCKINNEY, SUITE 1600  
CITY-ST-ZIP HOUSTON TX 77010

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # M97000000738  
NAME MILLENNIUM PETROCHEMICALS GP LLC  
STREET ADDRESS 2664 CAPITOL TRAIL  
CITY-ST-ZIP NEWARK DE 19711

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # F98000005598  
NAME OCCIDENTAL PETROCHEM PARTNER GP, INC.  
STREET ADDRESS 10889 WILSHIRE BLVD.  
CITY-ST-ZIP LOS ANGELES CA 90024

STREET ADDRESS

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:

SIGNATURE REQUIRED

JOAN K. PIKE

02/26/01

713-652-7200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ASSISTANT SECRETARY Date: TMP

Daytime Phone #

CR2E003 (11/00)