## 2002 UNIFORM BUSINESS REPORT (UBR) B97000000625 DOCUMENT # 1. Entity Name **EQUISTAR CHEMICALS, LP** Mailing Address Principal Place of Business 1221 MCKINNEY, SUITE 1600 1221 MCKINNEY, SUITE 1600 HOUSTON TX 77010 HOUSTON TX 77010 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4 City & State Zip Country Zip Country 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FI 33324 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.

APPRUYE AHD FILED

02 APR 15 PM 12: 22

SECRETARY OF STATE TAULAHASSEE, FLORIDA

DUE BY MAY 1, 2002							
4. FEI Numb	er	Applied For					
	76-0550481	Not Applicable					
5. Certificate	of Status Desired	\$8.75 Additional					

Fee Required

Zip Code

INTION FL 33324	
	City

SIGNATURE	ed name of registered agent and	DATE		
9. Conital Contributions		10 Amount of Capital Contributions	11. MAKE CHECK PAYABLE TO DEPT	OF STATE

10. Amount of Capital Contributions in FLORIDA to date. \$0.00 9. Capital Contributions \$0.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. F97000006118 DOCUMENT # STREET ADDRESS LYONDELL PETROCHEMICAL G.P. INC. NAME 100005308831---04/19/02--01069--031 1221 MCKINNEY, SUITE 1600 STREET ADDRESS CITY-ST-ZIP **HOUSTON TX 77010** CITY-ST-ZIP \*\*\*\*141.25 M97000000738 DOCUMENT # STREET ADDRESS MILLENNIUM PETROCHEMICALS GP LLC NAME STREET ADDRESS 2664 CAPITOL TRAIL CITY-ST-ZIP CITY-ST-ZIP **NEWARK DE 19711** F98000005598 DOCUMENT # STREET ADDRESS OCCIDENTAL PETROCHEM PARTNER GP, INC. NAME STREET ADDRESS 10889 WILSHIRE BLVD. CITY-ST-ZIP **LOS ANGELES CA 90024** CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP 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-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:

JOAN K. PIKE

ASSISTANT SECRETARY