

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90051 017 ***150.00

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1. Entity Name

WESTLAKE CHEMICAL INVESTMENTS, INC.



Principal Place of Business

**2801 POST OAK BLVD., SUITE 600
HOUSTON TX 77056**

Mailing Address

**2801 POST OAK BLVD., SUITE 600
HOUSTON TX 77056**

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

76-0664309

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **CD** ☒ Delete
NAME **CHAO, T-T**
STREET ADDRESS **2801 POST OAK BLVD., SUITE 600**
CITY-ST-ZIP **HOUSTON TX 77056**

TITLE **D** ☐ Delete
NAME **CHAO, ALBERT**
STREET ADDRESS **2801 POST OAK BLVD., SUITE 600**
CITY-ST-ZIP **HOUSTON TX 77056**

TITLE **PS** ☐ Delete
NAME **CHAO, ALBERT**
STREET ADDRESS **2801 POST OAK BLVD., SUITE 600**
CITY-ST-ZIP **HOUSTON TX 77056**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Vice President**
STREET ADDRESS **Jeff Taylor**
CITY-ST-ZIP **2801 Post Oak Blvd., Suite 600**
Houston, TX 77056

TITLE ☐ Change ☒ Addition
NAME **Vice President**
STREET ADDRESS **Warren Wilder**
CITY-ST-ZIP **2801 Post Oak Blvd., Suite 600**
Houston, TX 77056

TITLE ☐ Change ☒ Addition
NAME **Assistant Secretary**
STREET ADDRESS **Stephen Wallace**
CITY-ST-ZIP **Houston, TX 77056**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen Wallace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-05 (713)960-9111
Date Daytime Phone #

Date

Daytime Phone #