

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # F01000000768

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



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE V
NAME TAYLOR, JEFF
STREET ADDRESS 2801 POST OAK BLVD., SUITE 600
CITY-ST-ZIP HOUSTON, TX 77056

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

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

TITLE V
NAME WILDER, WARREN
STREET ADDRESS 2801 POST OAK BLVD., SUITE 600
CITY-ST-ZIP HOUSTON, TX 77056

TITLE AS
NAME WALLACE, STEPHEN
STREET ADDRESS 2801 POST OAK BLVD., SUITE 600
CITY-ST-ZIP HOUSTON, TX 77056

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000598937
01/25/07-80006-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen Wallace

Date

(713)960-9111

Daytime Phone #