## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

### F02000001882 DOCUMENT #

1. Entity Name

ATOFINA ELASTOMERS, INC.



**FILED** Feb 25, 2003 8:00 am Secretary of State
02-25-2003 90143 016 \*\*\*150.00

						1500							
Principal Place of Business 15710 JFK BLVD. HOUSTON TX 77032				Mailing Address P.O. BOX 674411 HOUSTON TX 77267-4411			<del></del> .	1					
2. Principal Place of Business				3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES							
City & State			City & State			36-L	ווטת	4. Fi	El Numb	er APPLIED	FOR-4		Applied For
Zip	-	Country	Zip		_ C	untry		_		of Status Desire	a	\$8.75 A	dditional
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<u> </u>	o. Ivamo	and Address of Curren	t negister	ed Agent		Name		7. N	arne and	Address of Nev	w Hegistered	Agent	
C T CORP	ORATION S					•							
1200 SOU	TH PINE ISL		•			Street Address (P.O. Box Number is Not Acceptable)							
PLANTATIO	ON FL 33324	1											
						City					F	Zip Co	ode
9. The above	named entity	aubraita thia atatamant l										_	
the obligation	ions of registe	submits this statement tred agent.	or the purp	pose of changing its	registi	erea onice d	or register	red ager	nt, or bo	th, in the State of	Florida. I am	ı familiar with	n, and accept
CIONATURE													
SIGNATURE _	Signature, typed o	printed name of registered agen	t and title if app	plicable. (NOT	E: Registe	ered Agent signa	iture required	when rein	nstating)		DATE		
After	May 1, 2003	FEE IS \$150.00 B Fee will be \$550.00 Florida Department	of State							ection Campaign ast Fund Contribu			00 May Be
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12. I hereby ce	ertify that the i	nformation supplied with	this filing	does not qualify for	the ex	emption sta	ted in Sec	ction 11	9.07(3)(i	), Florida Statute	s. I further ce	rtify that the i	information
		or supplemental report is receiver or trustee emp nment with an address,			ıy sign: as requ	aidre shall r uired by Cha	ave the sapter 607,	arne leg , Florida	gai errect Statutes	i as if made unde s; and that my na	er oatn; that I : me appears i	am an officei n Block 10 o	r or director or Block 11 if
changed, C	on an attacl	ment with aryacoress,	with all oth	er like empowered.							•	~ ~	~ -

SIGNATURE: &

SINATURE AND TYPED, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

281-227-5000

Daytime Phone #

# ATTACHMENT



ATOFINA Petrochemicals, Inc.

Legal Department

Susan D. Flynn Corporate Paralegal 281.227.5376 – Direct Line 281.227.5383 – Facsimile susan.flynn.downs@atofina.com

F02000001882

February 19, 2003

#### VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

### FLORIDA DEPARTMENT OF STATE

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500

Re: ATOFINA ELASTOMERS, INC., a Delaware corporation

Florida Department of State:

For the referenced corporation, enclosed for filing with your office is the original, executed 2003 For Profit Corporation Uniform Business Report and our check made payable to your office in the amount of \$150.00.

Should have any questions, please contact me. Thank you for your assistance.

Very truly yours,

Susan D. Flynn

Enclosures ....

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ATOFINA Petrochemicals, Inc. 15710 JFK Blvd., Houston, Texas 77032 PO Box 674411, Houston, Texas 77267-4411 281.227.5000 • Fax: 281.227.5383

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