2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2007 08:00 AM
Secretary of State

DOCUMENT # M05000005994

1. Entity Name
HUNTSMAN INTERNATIONAL LLC

Principal Place of Business	Mailing Address
500 HUNTSMAN WAY SALT LAKE CITY, UT 84108	LEGAL DEPT. ATN: MICHELLE FUJINAMI 500 HUNTSMAN WAY SALT LAKE CITY, UT 84108

DO NOT WRITE IN THIS SPACE

02142007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
87-0630358

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HUNTSMAN, JON M
STREET ADDRESS	500 HUNTSMAN WAY
CITY-ST-ZIP	SALT LAKE CITY, UT 84108
TITLE	MGR
NAME	HUNTSMAN, PETER R
STREET ADDRESS	10003 WOODLOCH FOREST DR.
CITY-ST-ZIP	THE WOODLANDS, TX 77380
TITLE	MGR
NAME	ESPLIN, J. KIMO
STREET ADDRESS	500 HUNTSMAN WAY
CITY-ST-ZIP	SALT LAKE CITY, UT 84108
TITLE	MGR
NAME	SCRUGGS, SAMUEL D
STREET ADDRESS	500 HUNTSMAN WAY
CITY-ST-ZIP	SALT LAKE CITY, UT 84108
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/20/07-80012-013: 50.00

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ J. Kimo Esplin Manager 02/23/2007 801-584-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #