

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90408 026 ***150.00

DOCUMENT # M97000000738

1. Entity Name

MILLENNIUM PETROCHEMICALS GP LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O MILLENNIUM CHEMICALS INC.

Suite, Apt. #, etc.

230 HALF MILE ROAD

City & State

RED BANK, NJ

Zip

07701

Country

MONMOUTH

3. Mailing Address

MILLENNIUM CHEMICALS INC.

Suite, Apt. #, etc.

230 HALF MILE ROAD

City & State

RED BANK, NJ

Zip

07701

Country

MONMOUTH

4. FEI Number

N/A

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MANAGER
MILLENNIUM PETROCHEMICALS INC.
230 HALF MILE ROAD
RED BANK, NJ 07701

TITLE
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dennis W. Luddy* DENNIS W. LUDDY AST. SEC. 4-29-02 732-933-5012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #