

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90020 022 \*\*\*\*50.00

**DOCUMENT # M97000000738**

1. Entity Name  
**MILLENNIUM PETROCHEMICALS GP LLC**



Principal Place of Business  
**C/O MILLENNIUM CHEMICALS INC  
230 HALF MILE ROAD  
RED BANK, NJ 07701**

Mailing Address  
**C/O MILLENNIUM CHEMICALS INC  
230 HALF MILE ROAD  
RED BANK, NJ 07701**

**24052329**



2. Principal Place of Business  
**C/O MILLENNIUM CHEMICALS**

3. Mailing Address  
**C/O MILLENNIUM CHEMICALS**

Suite, Apt. #, etc.  
**20 WIGHT AVENUE, SUITE 100**

Suite, Apt. #, etc.  
**20 WIGHT AVENUE, SUITE 100**

04082004 Chg-LLC CR2E083 (10/03)

City & State  
**HUNT VALLEY, MD**

City & State  
**HUNT VALLEY, MD**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

Zip  
**21030**

Country  
**USA**

Zip  
**21030**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$5.00 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 reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MILLENNIUM PETROCHEMICALS INC.  
C/O MILLENNIUM CHEMICALS INC. 230 HALF MIL  
RED BANK, NJ 07701** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MILLENNIUM PETROCHEMICALS INC  
20 WIGHT AVENUE, SUITE 100  
HUNT VALLEY, MD 21030** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

11. 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 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:**

**Corey A. Siegel**

**4/12/2004 410-229-4474**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #