M99000001298

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 NOV -6 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJN

DOCUMENT # M99000001298

1. Limited Liability Company's Name
RESOLUTION PERFORMANCE PRODUCTS LLC

2. Principal Office Address	**3.** Mailing Office Address
1600 SMITH STREET	1600 SMITH STREET
Suite, Apt. #, etc. SUITE 2400	Suite, Apt. #, etc. SUITE 2400
City & State HOUSTON, TX	City & State HOUSTON, TX
Zip 77002 / Country USA	Zip 77002 / Country USA

4. State/Country of Formation: DELAWARE, USA

5. Date Organized or Qualified To Do Business in Florida: AUGUST 18, 1999

6. FEI Number: 76-0607613 — Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ — $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

100004676841--1
-11/13/01--01071--008
****150.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc.

City: TALLAHASSEE — State: FL — Zip Code: 32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Laura R. Dunlap — **Laura R. Dunlap as its agent** — Date 11/6/01

REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
	SEE ATTACHED		

REINSTATEMENT 2001

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: [signature] — Date 11/2/01 — Daytime Phone # 713-241-2296

Typed or printed name of signing Managing Member/Manager: MARK SCHLAUGER

STATE OF FLORIDA
LIMITED LIABILITY COMPANY REINSTATEMENT

ITEM 10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Chairman of the Board	Marvin O. Schlanger	1600 Smith Street #2400	Houston, TX 77002
Manager	Joshua J. Harris	1301 Avenue of the Americas	New York, NY 10019
Manager	Laurence M. Berg	1999 Avenue of the Stars	Los Angeles, CA 90667
Manager	Peter P. Copses	1999 Avenue of the Stars	Los Angeles, CA 90667
Manager	Scott M. Kleinman	1301 Avenue of the Americas	New York, NY 10019
Manager	Joel A. Asen	445 Old Academy Road	Fairfield, CT 06430
Manager	Heinn F. Tomfohrde III	9 Sea Robin Court	Hilton Head Island, SC 29926

ACCOUNT NO. : 072100000032

REFERENCE : 332777 7264082

AUTHORIZATION :

COST LIMIT : $ PPD

ORDER DATE : November 6, 2001

ORDER TIME : 12:02 PM

ORDER NO. : 332777-005

CUSTOMER NO: 7264082

CUSTOMER: Mr. Tom Bausch
Resolution Performance
1600 Smith Street
Suite 2400
Houston, TX 77002

RECEIVED
01 NOV -6 PM 12:54
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: RESOLUTION PERFORMANCE PRODUCTS LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS _____