

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90007 005 \*\*\*\*50.00

**DOCUMENT # M99000001298**

1. Entity Name

**RESOLUTION PERFORMANCE PRODUCTS LLC**

Principal Place of Business

1600 SMITH STREET, SUITE 2400  
 HOUSTON TX 77002

Mailing Address

1600 SMITH STREET, SUITE 2400  
 HOUSTON TX 77002

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **76-0607613**

Applied For

Not Applicable

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

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **COB** ☐ Delete  
 NAME **SCHLANGER, MARVIN O**  
 STREET ADDRESS **1600 SMITH STREET, SUITE 2400**  
 CITY-ST-ZIP **HOUSTON TX 77002**

TITLE **MGR** ☐ Change ☒ Addition  
 NAME **Heinn F. Tomfohrde, III**  
 STREET ADDRESS **9 Sea Robin Court**  
 CITY-ST-ZIP **Hilton Head, SC 29926**

TITLE **MGR** ☐ Delete  
 NAME **HARRIS, JOSHUA J**  
 STREET ADDRESS **1301 AVENUE OF THE AMERICAS**  
 CITY-ST-ZIP **NEW YORK NY 10019**

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

TITLE **MGR** ☐ Delete  
 NAME **BERG, LAURENCE M**  
 STREET ADDRESS **1999 AVENUE OF THE STARS**  
 CITY-ST-ZIP **LOS ANGELES CA 90687**

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

TITLE **MGR** ☐ Delete  
 NAME **COPOSE, PETER P**  
 STREET ADDRESS **1999 AVENUE OF THE STARS**  
 CITY-ST-ZIP **LOS ANGELES CA 90687**

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

TITLE **MGR** ☐ Delete  
 NAME **KLEINMAN, SCOTT M**  
 STREET ADDRESS **1301 AVENUE OF THE AMERICAS**  
 CITY-ST-ZIP **NEW YORK NY 10019**

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

TITLE **MGR** ☐ Delete  
 NAME **ASEN, JOEL A**  
 STREET ADDRESS **445 OLD ACADEMY ROAD**  
 CITY-ST-ZIP **FAIRFIELD CT 06430**

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

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:

**SIGNATURE REQUIRED**

*Marvin O. Schlanger*

713-241-2996

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

Date

Daytime Phone #

CR2E083 (9/01)