2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # M99000001880 1. Entity Name FILED HUNTSMAN EXPÁNDABLE POLYMERS COMPANY, LC 01 APR 23 PM 2: 49 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 500 HUNTSMAN WAY 500 HUNTSMAN WAY SALT LAKE CITY, UT 84108 SALT LAKE CITY, UT 84108 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FÉI Number 87-0623756 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code City FI 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. 9. Addition Change TITLE Manager □ Delete NAME NAME Huntsman Chemical Corporation STREET ADDRESS STREET ADDRESS 500 Huntsman Way CITY-ST-ZIP CITY-ST-ZIP Salt Lake City, Utah 84108 Member K Change ☐ Delete TITLE TITLE Member Huntsman International Chemicals Corporation NAME NAME Huntsman International Corporation STREET ADDRESS 500 Huntsman Way STREET ADDRESS 500 Huntsman Way CITY-ST-ZIP Salt Lake City, Utah 84108 CITY-ST-ZIP Salt Lake City, Utah 84108 ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 400004154004-0 -05/08/01--01154--015 Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS *****50.00 *****50.00 CITY - ST - ZIP CITY-ST-ZIP Change ■ Addition TITLE 1 ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. CHEMICAL CORPORATION, MANAGER Robert B. Lence

Sr. VP, Gen., Côunsel & Sec.

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

SIGNATURE

04 - 18 - 01

Date

(801) 584-5700

Daytime Phone #