## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 17, 2002 8:00 am Secretary of State DOCUMENT # M9900001880 1. Entity Name 04-17-2002 90036 028 \*\*\*\*50.00 HUNTSMAN EXPANDABLE POLYMERS COMPANY, LC Principal Place of Business Mailing Address 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 4. FEI-Number Applied For 87-0623756 Not Applicable Ζiρ Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable), 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 MGR TITLE ☐ Delete TITLE ☐ Addition Change **HUNTSMAN CHEMICAL CORPORATION** NAME NAME STREET ADDRESS 500 HUNTSMAN WAY STREET ADDRESS CITY-ST-ZIP SALT LAKE CITY UT 84108 CITY-ST-ZIP TITLE MEM Delete TITLE ☐ Change ☐ Addition **HUNTSMAN INTERNATIONAL CHEMICALS CORPORATI** NAME NAME STREET ADDRESS **500 HUNTSMAN WAY** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SALT LAKE CITY UT 84108 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME 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.

SIGNATURE:

Signature and typed on printed name of signing managing member, manager, on authorized Representative Date Date Daylime Phone #

CORPORATION, MANAGER