🕾 2000 ÜNIFORM BUSINESS REPORT (UBR)

May 30, 2000 8:00 am Secretary of State DOCUMENT # 1. Entity Name 05-30-2000 90037 025 ***150.00 Ticona Polymers, Inc. Principal Place of Business Mailing Address 90 Morris Avenue 86 Morris Avenue 8009655n Summit, NJ 07901 Summit, NJ 07901 Tax Department 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 13-3313358 Not Applicable Zip Country Zip Country \$8.75 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 Street Address (P.O. Box Number is Not Acceptable) CT Corporation System 1200 S. Pine Island Road Plantation, FL 33324 Zip Code 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. **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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/99) TITLE President Delete TITLE Change Addition Ed Munoz NAME STREET ADDRESS STREET ADDRESS 90 Morris Avenue Summit, NJ 07901 V.P. & Secretary CITY - ST - ZIP CITY - ST - ZIP ппе Delete TITLE Addition Change NAME Edmond A. Collins NAME 86 Morris Avenue STREET ADDRESS STREET ADDRESS Summit, NJ 07901 V.P. & Treasurer CITY - ST - ZIP CITY - ST - ZIP TITLE Delete TITLE Addition Change Michael E. Grom NAME NAME STREET ADDRESS 86 Morris Avenue STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP <u>Summit, NJ 07901</u> TITLE Vice President Delete TITLE Change Addition MAME John M. Kacani NAME STREET ADDRESS STREET ADDRESS 86 Morris Avenue CITY - ST - ZIP CITY - ST - ZIP Summit. NJ 07901 TITLE Delete πLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Delete TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP 13. I hereby certify that the information supplied with this filling 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

John M.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kacani

FILED

908-522-7869

Daytime Phone #

SIGNATURE: