

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90035 016 ***150.00

DOCUMENT # P09559	
1. Entity Name TICONA POLYMERS, INC.	

Principal Place of Business 90 MORRIS AVE SUMMIT, NJ 07901 US	Mailing Address 86 MORRIS AVE SUMMIT, NJ 07901 US
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24011785



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02062004 Chg-P CR2E034 (10/03)

4. FEI Number 13-3313358	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	

7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BARBE, DOUGLAS T 86 MORRIS AVE SUMMIT, NJ 07901 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIEBENALLER, JEFFREY 90 MORRIS AVENUE SUMMIT, NJ 07901 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MICHAEL E 86 MORRIS AVE SUMMIT, NJ 07901 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC IORIO, CHRISTOPHER 90 MORRIS AVENUE SUMMIT, NJ 07901 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SHARPE, BEVERLY 90 MORRIS AVE SUMMIT, NJ 07901 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT GROM, MICHAEL E 86 MORRIS AVE SUMMIT, NJ 07901 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M.E. Grom 2/16/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
M.E. Grom/Vice President & Treasurer
Date Daytime Phone #