

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90055 024 ***150.00

DOCUMENT # P09559

1. Entity Name
TICONA POLYMERS, INC.



Principal Place of Business

8040 DIXIE HIGHWAY
FLORENCE, KY 41042 US

Mailing Address

1601 W. LBJ Freeway
Dallas, TX 75234

40028653



02232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3313358

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

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
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	BARBE, DOUGLAS T
STREET ADDRESS	HIGHWAY 77 SOUTH
CITY-ST-ZIP	BISHOP, TX 78343
TITLE	AS
NAME	SPATHAKIS, ANDRES
STREET ADDRESS	550 US HIGHWAY 202/206, SUITE 310
CITY-ST-ZIP	BEDMINSTER, NJ 07921
TITLE	VPT
NAME	MICHAEL E
STREET ADDRESS	550 US HIGHWAY 202/206, SUITE 310
CITY-ST-ZIP	BEDMINSTER, NJ 07921
TITLE	V
NAME	POSTOLOWSKI, DAVID
STREET ADDRESS	8040 DIXIE HIGHWAY
CITY-ST-ZIP	FLORENCE, KY 41042
TITLE	VPS
NAME	GANNON, CHRISTOPHER
STREET ADDRESS	8040 DIXIE HIGHWAY
CITY-ST-ZIP	FLORENCE, KY 41042
TITLE	VC
NAME	HAWES, ANTHONY
STREET ADDRESS	8040 DIXIE HIGHWAY
CITY-ST-ZIP	FLORENCE, KY 41042

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: D.A. Spathakis/Assistant Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/24/06 903-901-4000

ATTACHMENT
40028653
#P09559
TICONA POLYMERS INC.
c/o CELANESE CORPORATION
FEIN: 13-3313358
1601 W LBJ FREEWAY
DALLAS, TX 75234

FLORIDA DIVISION OF CORPORATIONS
2670 EXECUTIVE CENTER CIRCLE
TALLAHASSEE FL 32301

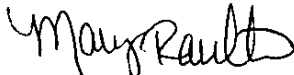
DATE	PERIOD	RETURN	AMOUNT
03/07/06	2006	ANNUAL REPORT	\$150.00

Dear Sir or Madam:

Enclosed is the return and/or payment as indicated above.

If you have any questions, please contact the undersigned at (908) 901-4566.

Very truly yours,



Mary Ratiello
Tax Analyst

CERTIFIED MAIL