

FILE NOW: FILING FEE AFTER MAY 1 IS \$226.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 14 PM 4:20

DOCUMENT # P35062 (9)

1. Corporation Name

PIONEER CHLOR ALKALI COMPANY, INC.

Principal Place of Business

700 LOUISIANA STREET, SUITE 4200
SUITE 4200
HOUSTON TX 77002
US

Mailing Address

700 LOUISIANA STREET, SUITE 4200
HOUSTON TX 77002

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/12/1991

3a. Date of Last Report

05/11/1994

4. FEI Number

51-0302028

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	KIENHOLZ, PAUL J.
STREET ADDRESS	700 LOUISIANA ST., #4200
CITY-ST-ZIP	HOUSTON TX
TITLE	D
NAME	SPEETS, FRANS G. J.
STREET ADDRESS	700 LOUISIANA ST., #4200
CITY-ST-ZIP	HOUSTON TX
TITLE	VD
NAME	GLATTLEY, JAMES
STREET ADDRESS	700 LOUISIANA ST., #4200
CITY-ST-ZIP	HOUSTON TX
TITLE	VS
NAME	BART, RAYMOND A.
STREET ADDRESS	700 LOUISIANA ST., #4200
CITY-ST-ZIP	HOUSTON TX
TITLE	V
NAME	NORWOOD, VERRILL M.
STREET ADDRESS	700 LOUISIANA ST., #4200
CITY-ST-ZIP	HOUSTON TX
TITLE	VTD
NAME	HENNING, GEORGE T.
STREET ADDRESS	700 LOUISIANA ST., #4200
CITY-ST-ZIP	HOUSTON TX

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE T. HENNING, JR.

VICE PRESIDENT - CFO

4/10/95 7/3-225-3471

VICE PRESIDENT, C.F.O.