SECOND I	NOTICE: CORPORATION WILL B	E DISSOLVED ON OR AFTER A	UGUST	7, 1996.	75 i			
AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE T PROFIT FLORIDA DEPARTM								
	CORPORATION Sandra B. Morth							
	UAL REPORT Secretary of State							
	1996 DIVISION OF CORPORATIONS							
DOCUMENT # P35062 (9)								
PIONEER CHLOR ALKALI COMPANY, INC.) 1884 AND 1881 AND THE BURN BANKS OKEN BURN BURN BURN BURN BURN BURN BURN BUR		
Principal Place of Business Mailing Address								
700 LOUISIAN SUITE 4200	700 Louisiana Street. S Houston TX 77002							
HOUSTON TX US						3. Date Incorporated or Qualified 08/12/1991	3a. Date of Last Report 04/14/1995	
	Principal Place of Business 2a. Mailing Address					4. FEI Number 51-0302028	Applied For	
Suite, Apt	1-100 STON 1 EXA S 26 Suite. Apt #, etc. Suite. Apt #, etc.			5 Carl heate of Status Desired \$8.75 Additiona			Not Applicable \$8.75 Additional	
2						6. Election Campaign Financing	Fee Required \$5.00 May Be	
3 Houston 28			County .			Trust Fund Contribution	Added to Fees	
Zip TK	Gouritry 25	Zip 3	Cour	itry		8. This corporation has liability for int Florida Statutes	tangible tax under s. 199.032, Yes 🚺 No	
	9. Name and Address of Curre					10. Name and Address of New Regi	stered Agent	
CT CORPORATION SYSTEM 81 Name								
1200 S. PINE ISLAND ROAD PLANTATION FL 33324				B2 Stree	t Addre	ss (P.O. Box Number is Not Acceptable)	
ru-	MINION FL 55524		Ī	83				
			ŀ	84 City			FL 85 Zip Code	
11. Pursuant t	o the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	, the abo	ve-name	d corpor	ration submits this statement for the purp		
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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE Signature types or purchasise of registered agent and latest applicable (ACFE Heystered Agent signature registered agent and registered agent signature registered agent registered agent signature registered agent								
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE		
TITLE	PD	DELETE	11111				Change Addition	
NAME STREET ADDRESS	KIENHOLZ, PAUL J. 700 LOUISIANA ST., #4200		1 2 NA	ME IEET ADDRESS				
CITY-ST-ZIP	HOUSTON TX		1	Y - ST - ZIP	ĺ			
TITLE	D	∠ DELETE	2 1 TsT	.F		ILMAN - DIRECTOR	Change Addition	
NAME	SPEETS, FRANS G. J.		2.2 NA			HARD C. Kellogg JR		
STREET ADDRESS	700 LOUISIANA ST., #4200 HOUSTON TX			IEET ADDRESS		OUSTEN TX 7700L		
CITY-ST-ZIP TITLE	VD	DELETE	3 1 T:T	Y - ST - ZIP .E	1.7	<i>(1)</i>	Change Addition	
NAME	GLATTLEY, JAMES		3 2 NA	dē =	İ			
STREET ADDRESS	700 LOUISIANA ST., #4200		3350	IEET ADDRESS	3			
CITY-ST-ZIP TITLE	HOUSTON TX VS	DELETE	3.4 CI 4.1 TIT	Y - \$1 - ZIP	- Qu	- Secretary	Change Addition	
NAME	BART, RAYMOND A.	G BETTE	4 2 NA			UT R. STEPHENSON	Change	
STREET ADDRESS	700 LOUISIANA ST., #4200			 IEET ADDRESS		O LOUISIANA, #4200		
CITY-ST-ZIP	HOUSTON TX			Y - S1 - ZIP		HOUSION, TE 17002		
TITLE	NUDMUUU AEDOIII M	DELETE	5 1 TH	k.		70000188 -07/09/960110	802 Pinge Addition	
NAME STREET ADDRESS	NORWOOD, VERRILL M. 700 LOUISIANA ST., #4200		5 2 NA 5 3 STI	ME IEET ADDRES!		-07/09/960110	4039	
CITY-ST-ZIP	HOUSTON TX			Y - ST - ZIP		***225.00	1/0	
TITLE	VTD	₩ DELETE	6 1 TIT		VP	- CFO	Addition	
NAME	HENNING, GEORGE T.		6 2 N A		Phi	lip J. ABLOVE		
STREET ADDRESS	700 LOUISIANA ST., #4200		6351	REET ADDRESS	70	O LOUISIANA, #4200	~	

14. If the properties 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 have an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Brock 12 or Block 13 if charged, or on an attachment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR