


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90064 042 ***150.00

0543060

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P35062					
1. Corporation Name PIONEER CHLOR ALKALI COMPANY, INC.					
Principal Place of Business 700 LOUISIANA STREET, SUITE 4200 SUITE 4300 HOUSTON TX 77002 US			Mailing Address 700 LOUISIANA STREET, SUITE 4200 SUITE 4300 HOUSTON TX 77002 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/12/1991	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 51-0302028	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip Country		29 Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			10. Name and Address of New Registered Agent		
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	DCOB <input type="checkbox"/> DELETE				
NAME	FERRIS, MICHAEL J				
STREET ADDRESS	700 LOUISIANA STE #4300				
CITY-ST-ZIP	HOUSTON TX 77002				
TITLE	P <input type="checkbox"/> DELETE				
NAME	GLATTLEY, JAMES				
STREET ADDRESS	700 LOUISIANA STE #4300				
CITY-ST-ZIP	HOUSTON TX 77002				
TITLE	VS <input type="checkbox"/> DELETE				
NAME	STEPHENSON, KENT R				
STREET ADDRESS	700 LOUISIANA STE #4300				
CITY-ST-ZIP	HOUSTON TX 77002				
TITLE	AS <input type="checkbox"/> DELETE				
NAME	MACIAS, EVA				
STREET ADDRESS	700 LOUISIANA STE #4300				
CITY-ST-ZIP	HOUSTON TX 77002				
TITLE	VCFO <input type="checkbox"/> DELETE				
NAME	ABLORE, PHILIP J				
STREET ADDRESS	700 LOUISIANA STE #4300				
CITY-ST-ZIP	HOUSTON TX 77002				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

SIGNATURE:

Eva Macias
Eva Macias

01/05/99

713-570-3243

CR2E034 (11/98)