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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P35806 1. Corporation Name

WESTLAKE PVC CORPORATION

P	rincipal	Place	of	Business

Mailing Address

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

04-22-1999 90082 005 ***150.00



2801 POST OAK BLVD., 6TH FLOOR HOUSTON TX 77056			2801 POST OAK BLVD 6TH FLOOR HOUSTON TX 77056			1	DO NOT WRITE IN THIS SPACE					
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3 67 - 75	of Ducloses	23	Mailing Address							Applied	For	
— <i>'</i>	ace of Business	—	Mailing Address						- }			
21	t oto	26	Suite Ant # etc	-					\$8.7			
	r, etc.	27	Outo, rpt. #, oto.] ;	5. Certificate of Status Desired					
City & State		- 21	City & State			<u> </u>	6. Election Campaign Financing		\$5.	00 May	Be	
23		28	,				Trust Fund Contribution			,		
	Country	-11	Zip Country				8. This corporation owes the current year Intangible					
24							Personal Property Tax.					
	9. Name and Address of Curren	t Regist	ered Agent			1	0. Name and Address of New F	Registered A	gent			
				81	Name	•					ł	
CT CORPORATION SYSTEM				82	Street	Address	ess (P.O. Box Number is Not Acceptable)					
2. Principal Place of Business 1. Suite, Apt. #, etc. 2. City & State 3. Zip Country 4. 25 9. Name and Address of Curre CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig SIGNATURE Signature, typed or printed name of registered agent, or both, in the State agent. I am familiar with, and accept the oblig SIGNATURE 12. OFFICERS A 11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig SIGNATURE 12. OFFICERS A 13. Zip Country 14. 25 9. Name and Address of Curre CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 14. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State agent, or both, in the State agent. I am familiar with, and accept the oblig SIGNATURE 15. OFFICERS A 16. OFFICERS A 17. PURSUANT SA 17. PURSUANT SA 18. OFFICERS A 18. OFFICERS A 19. OFFICERS A 19. OFFICERS A 19. OFFICERS A 19. OFFICERS A 10. OFFICERS A 11. Pursuant to the provisions of Sections 607.05 OFFICERS A 12. OFFICERS A 13. OFFICERS A 14. OFFICERS A 15. OFFICERS A 16. OFFICERS A 17. OFFICERS A 18. OFFICERS A 18. OFFICERS A 19. OFFICERS A 19. OFFICERS A 19. OFFICERS A 11. Pursuant to the provisions of Sections 607.05 10. OFFICERS 20. OFFICERS A 21. OFFICERS 22. OFFICERS 23. OFFICERS 24. OFFICERS 25. OFFICERS 26. OFFICERS 26. OFFICERS 26. OFFICERS 26. OFFICERS 26. OFFICERS 27. OFFICERS 28. OFFICERS 28. OFFICERS 28. OFFICERS 28. OFFICERS 29. OFFICERS 20. OFFICERS 20. OFFICERS 20. OFFICERS 20. OFFICERS 21. OFFICERS 22. OFFICERS 23. OFFICERS 24. OFFICERS 25. OFFICERS 26. OFFICERS 26. OFFICERS 26. OFFICERS 26. OFFICERS 26. OFFICERS 27. OFFICERS 28. OFFICERS 29. OFFICERS		1						-				
1 2701	HERMOTT I E VOVET				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/03/1991 4. FEI Number 76-0346192 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing Furst Fund Contribution 8. This corporation owes the current year Intangible Personal Property Tax. Yes No Added to Fees 10. Name and Address of New Registered Agent 11. Name 12. Street Address (P.O. Box Number is Not Acceptable) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 14. TITLE 15. TITLE 16. CHAO, J 17. STREET ADDRESS 18. ACITY-ST-ZP 18. TITLE 19. Change Addition 19. Addition 19. Change Addition 19. Addition 19. Change Addition							
				84	City	- 		FI	85	Zip Code	١ ١	
44 =	60-60-007-000	2 4 60	7 1500 Florido Statutos	the abov	o named	1 comorat	ion submits this statement for the	purpose of o	hanging	its reals	stered	
						oration's	board of directors. I hereby accept	ot the appoin	tment a	s registe	red	
agent. I ar	n familiar with, and accept the obliga	itions of,	Section 607.0505, Florida	a Statutes	3 .						ł	
SIGNATURE	Signature, hyperior printed name of registered age	HOUSTON TX 77056 DO NOT WRITE IN THIS SPACE										
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NAME	· =]	
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				1.4 CITY-5	ST-ZIP	HOUS'	TON TX					
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STREET ADDRESS		Ю		2.3 STREE	T ADDRESS	s }						
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STREET ADDRESS				6.3 STREE	TADORESS	s (

14. 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 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, with all other like empowered.

6.4 CITY+ST-ZIP

SIGNATURE:

Louis B. Trenchard 4-999(713)960-9111