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

Mailing Address

PROFIT
CORPORATION
ANNUAL REPORT
1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

May 08, 1999 8:00 am Secretary of State

05-08-1999 90079 031 ***158.75

DOCUMENT # V59466

NIZHNEKAMSKNEFTEKHIM U.S.A., INC.

333 EARLE OVI STE 103 UNIONDALE NY US		333 EARLE OVINGTO STE 103 UNIONDALE NY 115 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/21/1992	
2. Principal P	lace of Business	2a. Mailing Addres	s			4. FEI Number Applied	For
21 26						65-0403635 Not App	licable
Suite, Apt. #, etc. Suite, Apt. #, etc						5. Certificate of Status Desired \$8.75 Addition	
22		27				5. Certificate of Status Desired Fee Require	d d
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May	1
23		28				Trust Fund Contribution Added to Fee	es
Zip						8. This corporation owes the current year Intangible Personal Property Tax Personal Property Tax	_
24	25			т		Personal Property Tax.	
ļ	9. Name and Address of Curre	nt Registered Agent		81	Name		
ZAC	HARY, JAMES			L			
1717 N BAYSHORE DR				82	Street	Address (P.O. Box Number is Not Acceptable)	
THE GRAND- SUITE 2200				83			
MIAMI FL 33132							
				84	City	FI 85 Zip Code	
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 reinstating) DATE							
12.		ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	Addition
TITLE	D	DEL		ITLE		1 restuent	1.00.00
NAME	GALIEV, R.G.			AME		Philip S. Beckerman	
STREET ADDRESS 333 EARLE OVINGTON BLVD.			1		ADDRESS	333Edile Ovington Biva., Bee 105	
CITY-ST-ZIP	UNIONDALE NY 11553-4635	□ DEL		ITY-S' TILE	_	Uniondale, NY 11553 ☐ Change ☑	Addition
TITLE	_			IAME		PD .	
NAME	MUSTAFIN, K.V. 333 EARLE OVINGTON BLVD.					Mironov, V.G.	•
STREET ADDRESS				CITY-S		by ratife offiscon prog., are, 102	
CITY-ST-ZIP				TILE		Uniondale, NY 11553	Addition
NAME				3.2 NAME II		Tziganov, E.A.	
STREET ADDRESS	333 EARLE OVINGTON BLVD.		3.3 5	3.3 STREET ADDRESS		333 Earle Ovington Blvd., Ste 103	
CITY-ST-ZIP	1		1			Uniondale, NY 11553	
TITLE	0.1101121111111111111111111111111111111	☐ DEL		TLE		Change	Addition
NAME			4. 2	NAME			
STREET ADDRESS			- 4.3 \$	TREE	ADDRESS		
CITY-ST-ZIP			4.4 (CITY-S	r-ZIP		
TITLE		☐ DEL	ETE 5.1 1	TITLE		Change	Addition
1							
NAME				IAME	ADDRESS		

14. I 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.

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

125199

(516) 642088,

☐ Addition

Daytime Phone #

☐ Change